



Cochise County Board of Supervisors

Public Programs...Personal Service
www.cochise.az.gov

PATRICK G. CALL
Chairman
District 1

ANN ENGLISH
Vice-Chairman
District 2

RICHARD R. SEARLE
Supervisor
District 3

JAMES E. VLAHOVICH
County Administrator

EDWARD T. GILLIGAN
Deputy County Administrator

ARLETHE G. RIOS
Clerk of the Board

AGENDA FOR REGULAR BOARD MEETING

Tuesday, October 27, 2015 at 10:00 AM

BOARD OF SUPERVISORS HEARING ROOM
1415 MELODY LANE, BUILDING G, BISBEE, AZ 85603

ANY ITEM ON THIS AGENDA IS OPEN FOR DISCUSSION AND POSSIBLE ACTION

PLEDGE OF ALLEGIANCE

THE ORDER OR DELETION OF ANY ITEM ON THIS AGENDA IS SUBJECT TO MODIFICATION AT THE MEETING

ROLL CALL

Members of the Cochise County Board of Supervisors will attend either in person or by telephone, video or internet conferencing.

Note that some attachments may be updated after the agenda is published. This means that some presentation materials displayed at the Board meeting may differ slightly from the attached version.

PRESENTATION

Presentation by Ms. Vada Phelps, Executive Director, Southeastern Arizona Workforce Connection, on the status of the partnership and highlights on the annual report.

CONSENT

Board of Supervisors

1. Approve the Minutes of the regular meeting of the Board of Supervisors of October 13, 2015.

Finance

2. Approve demands and budget amendments for operating transfers.

Workforce Development

3. Approve the appointment of Mr. Mark Gallego to the Local Workforce Investment Board to fill an unexpired term, effective immediately and through 6/30/2016.

4. Approve Amendment #2 to Title IB Adult, Youth, and Dislocated Worker contract DE14052279 between Cochise County and the Arizona Department of Economic Security for the Workforce Investment Act (WIA) Service Delivery Area from April 1, 2013 to December 31, 2016.

PUBLIC HEARINGS

Board of Supervisors

5. Approve a new liquor license application for a series #10 (beer & wine store) liquor license submitted by Ms. Barbara C. Holmes for Fort Willcox RV Park located at 1765 West Fort Willcox Loop, Willcox, AZ 85643.
6. Approve a new liquor license application for a series #6 (bar) liquor license submitted by Ms. Dolores Cortez-Foote for Uptown 3 Theatre located at 4341 S. Hwy 92, Sierra Vista, AZ 85650.
7. Approve a new liquor license application for a series #12 (restaurant) liquor license submitted by Ms. Renee Lewis for Double R Guest Ranch located at 1092 W. Highland Rd., Pearce, AZ 85625.

Community Development

8. Adopt Resolution 15-25 to amend the policy and procedure for the Public / Private Partnership Program for Cochise County road improvement, as described therein.

ACTION

Board of Supervisors

9. Approve Amendment A to the Intergovernmental Agreement (IGA) with the City of Sierra Vista regarding funding of a consultant to promote retention and expansion of missions of the U.S. Army at Fort Huachuca.
10. Elect _____ as Chairman of the Board of Supervisors, effective November 1, 2015.
11. Elect _____ as Vice-Chairman to the Board of Supervisors, effective November 1, 2015.

CALL TO THE PUBLIC

This is the time for the public to comment. Members of the Board may not discuss items that are not specifically identified on the agenda.

REPORT BY JAMES E. VLAHOVICH, COUNTY ADMINISTRATOR -- RECENT AND PENDING COUNTY MATTERS

SUMMARY OF CURRENT EVENTS

Report by District 1 Supervisor, Patrick Call

Report by District 2 Supervisor, Ann English

Report by District 3 Supervisor, Richard Searle

Pursuant to the Americans with Disabilities Act (ADA), Cochise County does not, by reason of a disability, exclude from participation in or deny benefits or services, programs or activities or discriminate against any qualified person with a disability. Inquiries regarding compliance with ADA provisions, accessibility or accommodations can be directed to Chris Mullinax, Safety/Loss Control Analyst at (520) 432-9720, FAX (520) 432-9716, TDD (520) 432-8360, 1415 Melody Lane, Building F, Bisbee, Arizona 85603.

Cochise County Board of Supervisors

1415 Melody Lane, Building G Bisbee, Arizona 85603
520-432-9200 520-432-5016 fax board@cochise.az.gov

Presentations / Special Events
Board of Supervisors

Regular Board of Supervisors Meeting

Meeting Date: 10/27/2015

Southeastern Arizona Workforce Connection Presentation

Submitted By: Arlethe Rios, Board of Supervisors

Department: Board of Supervisors

Presentation: PowerPoint

NAME of PRESENTER: Vada Phelps **TITLE of PRESENTER:** Executive Director

ORGANIZATION NAME of PRESENTER: Southeastern
Arizona
Workforce
Connection

Information

Agenda Item Text:

Presentation by Ms. Vada Phelps, Executive Director, Southeastern Arizona Workforce Connection, on the status of the partnership and highlights on the annual report.

Background:

Cochise County is a partner in the Southeastern Arizona Workforce Connection and Ms. Phelps would like to update the Board on the status of current projects, changes in regulations and policies, and answer any questions the Board may have about the entity's mission.

To BOS Staff: Document Disposition/Follow-Up:

n/a

Attachments

No file(s) attached.

Consent 1.

Board of Supervisors

Regular Board of Supervisors Meeting

Meeting Date: 10/27/2015

Minutes

Department: Board of Supervisors

Presentation: No A/V Presentation

Document Signatures:

Recommendation:

of ORIGINALS

Submitted for Signature:

NAME n/a

TITLE n/a

of PRESENTER:

of PRESENTER:

Mandated Function?:

Source of Mandate
or Basis for Support?:

Information

Agenda Item Text:

Approve the Minutes of the regular meeting of the Board of Supervisors of October 13, 2015.

Background:

Minutes

Department's Next Steps (if approved):

Signed minutes routed for processing and posted on the internet.

Impact of NOT Approving/Alternatives:

n/a

To BOS Staff: Document Disposition/Follow-Up:

Send to the Recorder's Office for microfiche purposes.

Budget Information

Information about available funds

Budgeted: ☐

Funds Available: ☐

Amount Available:

Unbudgeted: ☐

Funds NOT Available: ☐

Amendment: ☐

Account Code(s) for Available Funds

1:

Fund Transfers

Attachments

No file(s) attached.

Regular Board of Supervisors Meeting

Meeting Date: 10/27/2015

Demands

Department: Board of Supervisors

Presentation: No A/V Presentation

Document Signatures:

Recommendation:

of ORIGINALS

Submitted for Signature:

NAME n/a
of PRESENTER:

TITLE n/a
of PRESENTER:

Mandated Function?:

**Source of Mandate
or Basis for Support?:**

Information

Agenda Item Text:

Approve demands and budget amendments for operating transfers.

Background:

Auditor-General's requirement for Board of Supervisors to approve.

Department's Next Steps (if approved):

Return to Finance after BOS approval.

Impact of NOT Approving/Alternatives:

Board of Supervisors will not be in compliance with State law.

To BOS Staff: Document Disposition/Follow-Up:

Return to Finance after BOS approval.

Budget Information

Information about available funds

Budgeted: ☐

Funds Available: ☐

Amount Available:

Unbudgeted: ☐

Funds NOT Available: ☐

Amendment: ☐

Account Code(s) for Available Funds

1:

Fund Transfers

Attachments

No file(s) attached.

Regular Board of Supervisors Meeting**Workforce Development****Meeting Date:** 10/27/2015

Appoint Mr. Mark Gallego to the Workforce Investment Board

Submitted By: Barbara Muenchow, Board of Supervisors**Department:** Board of Supervisors**Presentation:** No A/V Presentation**Document Signatures:****Recommendation:****# of ORIGINALS****Submitted for Signature:****NAME** na**TITLE** na**of PRESENTER:****of PRESENTER:****Mandated Function?:****Source of Mandate
or Basis for Support?:****Information****Agenda Item Text:**

Approve the appointment of Mr. Mark Gallego to the Local Workforce Investment Board to fill an unexpired term, effective immediately and through 6/30/2016.

Background:

Attached is the appointment letter for Mr. Gallego. The Workforce Investment Board appointments are made by the Board of Supervisors upon recommendation of a 'represented segment' on the WIA Board. Attached is a list showing each of the WIA Board appointees, with appointment date and date term expires.

Department's Next Steps (if approved):

If approved, WIA will be notified of the appointments and we will request confirmation of an updated WIA board appointees list.

Impact of NOT Approving/Alternatives:

Vacancies will continue to exist on the WIA Board with certain segments not being adequately represented.

To BOS Staff: Document Disposition/Follow-Up:

Once approved send appointment letter to Mr. Mark Gallego, UA Local Union #469, 3109 N. 24th Street, Phoenix, AZ 85016 with Oath of Office and Open Meeting Law requirements and email a scanned copy (letter only) to Ana Polakowski, apolakowski@cpic-cas.org

Budget Information*Information about available funds***Budgeted:** ☐**Funds Available:** ☐**Amount Available:****Unbudgeted:** ☐**Funds NOT Available:** ☐**Amendment:** ☐**Account Code(s) for Available Funds**

1:

Fund Transfers

Attachments

- Appointment Letter
 - Term List
-



U.A. LOCAL UNION 469

3109 N. 24th Street • Phoenix, AZ 85016-7399 • 602-956-9350 • Fax 602-956-9782
Web Site: www.ualocal469.org

September 23, 2015

Ms. Vada Phelps
Executive Director/CEO
SAWC/CAS
900 Carmelita Drive
Sierra Vista, AZ 85635

Dear Ms. Phelps:

Please be advised that **Mark Gallego** is the delegate on behalf of U.A. Local Union #469 on the Southern Arizona Work Force Development Committee.

Should you require further information, please contact me directly.

Sincerely,

Aaron Butler
Business Manager
U.A. Local Union #469

ABalp
opelu #30 - afl/cio

QUALITY • INTEGRITY • PRODUCTIVITY

2014
to
2018

[illegible]

Board of Directors - WIB

2014
to
2018

[illegible]

Regular Board of Supervisors Meeting**Workforce Development****Meeting Date:** 10/27/2015

WIB_Amendment #2 to Title IB Adult, Youth, and Dislocated Worker PY14/FY15 contract DE14052279

Submitted By: Barbara Muenchow, Board of Supervisors**Department:** Board of Supervisors**Presentation:** No A/V Presentation**Document Signatures:****Recommendation:****# of ORIGINALS****Submitted for Signature:****NAME** na**TITLE** na**of PRESENTER:****of PRESENTER:****Mandated Function?:****Source of Mandate
or Basis for Support?:****Information****Agenda Item Text:**

Approve Amendment #2 to Title IB Adult, Youth, and Dislocated Worker contract DE14052279 between Cochise County and the Arizona Department of Economic Security for the Workforce Investment Act (WIA) Service Delivery Area from April 1, 2013 to December 31, 2016.

Background:

Background: Programs through the Department of Labor contracts and funds come from the DOL to the State. Cochise County Workforce Development, Inc. (CCWD) works with Adult, Youth, Dislocated Worker and Rapid Response training programs in Cochise County. CCWD is reimbursed for their allowable expense through DOL and the State. This Intergovernmental Agreement is for the term of April 1, 2013 to December 31, 2016.

Fiscal Impact/Funding Sources: The contract reimbursement maximum for all services provided during the term of the contract and/or for the term specified above shall be \$2,197,952. Cochise County acts as a pass through; there is no fiscal impact to Cochise County.

Department's Next Steps (if approved):

Review and sign the four copies of the Intergovernmental Agreement so that once expenses have been submitted to the State for reimbursement, the State WIA funds (only up to the contract limit) can be wired to Cochise County and passed to Cochise County Workforce Development Inc. in order to cover expenses.

Impact of NOT Approving/Alternatives:

Funds would not be available for the program.

To BOS Staff: Document Disposition/Follow-Up:

The documents should be mailed to: Cochise County Workforce Development Inc., 900 Carmelita Drive, Sierra Vista, AZ 85635, Attn: Michelle Huff.

Budget Information

Information about available funds

Budgeted: ☐

Funds Available: ☐

Amount Available:

Unbudgeted: ☐

Funds NOT Available: ☐

Amendment: ☐

Account Code(s) for Available Funds

1:

Fund Transfers

Attachments

Contract



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Intergovernmental Agreement

CONTRACT AMENDMENT

1. CONTRACTOR (Name and address) Cochise County Board of Supervisors 1415 W Melody Lane Bisbee, AZ 85603		2. CONTRACT ID NUMBER DE14-052279																																				
		3. AMENDMENT NUMBER 2																																				
4. THE PARTIES AGREE TO THE FOLLOWING AMENDMENT Pursuant to Section 6.0 Manner of Financing, Paragraph 6.2 the purpose of this amendment is to decrease the unobligated fund balances for the following Program Year (PY) and Fiscal Year (FY): <table border="1"><tr><td>PY</td><td>2014</td><td>YT ADMIN</td><td>\$25,012</td></tr><tr><td>PY</td><td>2014</td><td>DW ADMIN</td><td>\$7,782</td></tr><tr><td>FY</td><td>2015</td><td>AD ADMIN</td><td>\$27,958</td></tr><tr><td>FY</td><td>2015</td><td>DW ADMIN</td><td>\$84,132</td></tr><tr><td>PY</td><td>2014</td><td>YOUTH</td><td>\$104,925</td></tr><tr><td>FY</td><td>2015</td><td>ADULT</td><td>\$13,465</td></tr><tr><td>FY</td><td>2015</td><td>DW</td><td>\$587,342</td></tr><tr><td>PY</td><td>2014</td><td>RR</td><td>\$6,966</td></tr><tr><td>FY</td><td>2015</td><td>RR</td><td>\$93,193</td></tr></table> This is a decrease of \$950,775. The reimbursement ceiling is decreased from \$3,148,727.00 to \$2,197,952 Attachment B, Allocation by Program and Fiscal Year, updated 9/11/2015 is revised and attached and reflects all current totals by Program and Fiscal Year. Pursuant to Section 3.0 Term of Agreement, Paragraph 3.1 the purpose of this amendment is to revise the end date from June 30, 2018 to December 31, 2016.			PY	2014	YT ADMIN	\$25,012	PY	2014	DW ADMIN	\$7,782	FY	2015	AD ADMIN	\$27,958	FY	2015	DW ADMIN	\$84,132	PY	2014	YOUTH	\$104,925	FY	2015	ADULT	\$13,465	FY	2015	DW	\$587,342	PY	2014	RR	\$6,966	FY	2015	RR	\$93,193
PY	2014	YT ADMIN	\$25,012																																			
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FY	2015	DW	\$587,342																																			
PY	2014	RR	\$6,966																																			
FY	2015	RR	\$93,193																																			
5. EXCEPT AS PROVIDED HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AS HERETOFORE CHANGED AND/OR AMENDED REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT. THE AMENDMENT SHALL BECOME EFFECTIVE ON THE DATE OF LAST SIGNATURE UNLESS OTHERWISE SPECIFIED HEREIN. BY SIGNING THIS FORM ON BEHALF OF THE CONTRACTOR, THE SIGNATORY CERTIFIES HE/SHE HAS THE AUTHORITY TO BIND THE CONTRACTOR TO THIS CONTRACT.																																						
6. ARIZONA DEPARTMENT OF ECONOMIC SECURITY		7. NAME OF CONTRACTOR Cochise County																																				
SIGNATURE OF AUTHORIZED INDIVIDUAL	SIGNATURE OF AUTHORIZED INDIVIDUAL																																					
TYPED NAME	TYPED NAME																																					
TITLE	TITLE																																					
DATE	DATE																																					

IN ACCORDANCE WITH ARS §11-952 THIS CONTRACT AMENDMENT HAS BEEN REVIEWED BY THE UNDERSIGNED WHO HAVE DETERMINED THAT THIS CONTRACT AMENDMENT IS IN APPROPRIATE FORM AND WITHIN THE POWERS AND AUTHORITY GRANTED TO EACH RESPECTIVE PUBLIC BODY.

ARIZONA ATTORNEY GENERAL'S OFFICE	
BY:	BY:
ASSISTANT ATTORNEY GENERAL	PUBLIC AGENCY LEGAL COUNSEL
DATE:	DATE:

DE14-052279 A2

Attachment B - Allocation by Program and Fiscal Year
Updated 9/11/2015

Cochise County

Contract DE14-052279

PY/FY	Year	Program	Amount	Start Date	End Date	Final Report Submission Deadline
PY	2013	AD ADMIN	\$ 978.00	7/1/2013	6/30/2015	8/15/2015
PY	2013	YT ADMIN	\$ 38,047.00	4/1/2013	6/30/2015	8/15/2015
PY	2013	DW ADMIN	\$ 4,447.00	7/1/2013	6/30/2015	8/15/2015
FY	2014	AD ADMIN	\$ 37,162.00	10/1/2013	6/30/2015	8/15/2015
FY	2014	DW ADMIN	\$ 42,107.00	10/1/2013	6/30/2015	8/15/2015
PY	2013	YOUTH	\$ 342,423.00	4/1/2013	6/30/2015	8/15/2015
PY	2013	ADULT	\$ 8,802.00	7/1/2013	6/30/2015	8/15/2015
FY	2014	ADULT	\$ 334,458.00	10/1/2013	6/30/2015	8/15/2015
PY	2013	DW	\$ 40,027.00	7/1/2013	6/30/2015	8/15/2015
FY	2014	DW	\$ 378,962.00	10/1/2013	6/30/2015	8/15/2015
PY	2013	RR	\$ 4,709.00	7/1/2013	6/30/2015	8/15/2015
FY	2014	RR	\$ 44,584.00	10/1/2013	6/30/2015	8/15/2015
			\$ 1,276,706.00			

DE14-052279 A2

PY_FY	Year	Program	Amount	Start Date	End Date	Final Report Submission Deadline
PY	2014	AD ADMIN	\$ 2,779.00	7/1/2014	6/30/2016	8/15/2016
PY	2014	YT ADMIN	\$14,041	4/1/2014	6/30/2016	8/15/2016
PY	2014	DW ADMIN	\$6,115	7/1/2014	6/30/2016	8/15/2016
FY	2015	AD ADMIN	\$8,525	10/1/2014	6/30/2016	8/15/2016
FY	2015	DW ADMIN	\$0	10/1/2014	6/30/2016	8/15/2016
PY	2014	YOUTH	\$ 246,550.00	4/1/2014	6/30/2016	8/15/2016
PY	2014	ADULT	\$ 25,014.00	7/1/2014	6/30/2016	8/15/2016
FY	2015	ADULT	\$314,879	10/1/2014	6/30/2016	8/15/2016
PY	2014	DW	\$ 125,071.00	7/1/2014	6/30/2016	8/15/2016
FY	2015	DW	\$169,845	10/1/2014	6/30/2016	8/15/2016
PY	2014	RR	\$8,427	7/1/2014	6/30/2016	8/15/2016
FY	2015	RR	\$0	10/1/2014	6/30/2016	8/15/2016
			\$ 921,246.00			

Public Hearings 5.
Board of Supervisors

Regular Board of Supervisors Meeting

Meeting Date: 10/27/2015

New Liquor License Fort Willcox RV Park

Submitted By: Barbara Muenchow, Board of Supervisors

Department: Board of Supervisors

Presentation: No A/V Presentation **Recommendation:**

Document Signatures:

of ORIGINALS

Submitted for Signature:

NAME Arlethe Rios

TITLE Clerk of the Board

of PRESENTER:

of PRESENTER:

Mandated Function?:

**Source of Mandate
or Basis for Support?:**

Information

Agenda Item Text:

Approve a new liquor license application for a series #10 (beer & wine store) liquor license submitted by Ms. Barbara C. Holmes for Fort Willcox RV Park located at 1765 West Fort Willcox Loop, Willcox, AZ 85643.

Background:

Ms. Barbara C. Holmes has applied for a series #10 (beer & wine store) liquor license for Fort Willcox RV Park located at 1765 West Fort Willcox Loop, Willcox, AZ 85643. The Sheriff's Office and the Planning and Zoning Department have recommended approval of the application.

The Environmental Health Division said that they have no objections to issuing a liquor license to Ms. Barbara C. Holmes. The Treasurer's Office noted that all property taxes for the location are current.

Ms. Barbara C. Holmes has paid the \$100.00 processing fee. Supporting documentation regarding this liquor license is attached.

Department's Next Steps (if approved):

Board staff will forward the Board's decision to the Arizona Department of Liquor License and Control.

Impact of NOT Approving/Alternatives:

A hearing on this application will be scheduled with the State Liquor Board.

To BOS Staff: Document Disposition/Follow-Up:

Send packet to ADLLC and copy of letter w/out attachments to applicant.

Budget Information

Information about available funds

Budgeted: ☐

Funds Available: ☐

Amount Available:

Unbudgeted: ☐

Funds NOT Available: ☐

Amendment: ☐

Account Code(s) for Available Funds

1:

Fund Transfers

Attachments

Dept Forms

Application

Posting Placard

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

For internal use only:

- ☐ Restaurant/Hotel-Motel
☐ Club/Government
☐ Transfer of Premises

APPLICANT INFORMATION

Applicant Name: Barbara C. Holmes Address: 1765 Fort Willcox Loop
Business Name: Fort Willcox RV Park City/Zip: Willcox, AZ 85643
Liquor License #: 10023160 Parcel #: 203-11-061
Ownership Type: Limited Liability Company Liquor License ☒ Special Event Liquor License ☐
Partner(s): _____

TO BE COMPLETED BY THE PLANNING & ZONING DEPARTMENT

Please advise if, at the time the application was filed:

1. The premises for which the license is being applied for is within 300 horizontal feet of a church; or
2. The premises for which the license is being applied for is within 300 horizontal feet of a public or private school, or a fenced recreation area adjacent to a school building.

If so, please attach pertinent documentation and drawings or maps.

Comments: Proposed site not within 300 horizontal feet of a church, public or private school, or fenced recreation area adjacent to a school building.

Based on the above information, the Planning and Zoning
Department's recommendation to the Board of Supervisors is:

Approval



Disapproval



OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

Proper Zoning? Y ☒ N ☐
Use permitted by P&Z? Y ☒ N ☐
Date Permit Issued: August 14, 2014
If use not permitted, is it LNC? Y ☒ N ☐

Zoning: General Business (GB)
Permit#: 14-0984
Use Permitted: Add retail sales to existing office.
Year LNC Established: 1971 - RV Park

- ☐ The Planning Department will notify the applicant that if any construction is proposed, a Non-Residential Permit must first be submitted and approved by this Department, or if there is a lapse of 12 months of non-operation of the business, a Non-Residential Permit will be required to re-establish the use from this Department.
- ☐ The Planning Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.
- ☐ The Planning Department is currently working with the property owner on several zoning-related issues with the subject property.
- ☐ The Planning Department is currently working with the property owner on obtaining the proper permits to operate the business.

Name: Dora V Flores Title: Zoning Administrator
Signature: Dora V Flores Date: October 2, 2015
Contact phone: 520-803-3967 Email: dflores@cochise.az.gov

Return completed form with any attachments by: 10/6/15

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Barbara C. Holmes Address: 1765 W. Fort Willcox Loop
Business Name: Fort Willcox RV Park City/Zip: Willcox, AZ 85643
Liquor License #: 10023160 Parcel #: 203-11-061
Ownership Type: Limited Liability Company Liquor License ☒ Special Event Liquor License ☐
Partner(s): _____

TO BE COMPLETED BY THE SHERIFF'S OFFICE

Please advise if:

1. There have been a significant number of incidents at the named location within five (5) years prior to the application.

If so, please attach pertinent documentation.

Comments: There have not been a significant number of incidents at this location within the past 5 years.

Based on the above information, the Sheriff's Office recommendation to the Board of Supervisors is:

Approval

☐

Disapproval

☐

No Recommendation

☒

Name: Mark P. Genz

Title: Commander

Signature: s/Mark P. Genz

Date: 093015

Contact phone: 432-9506

Email: mgenz@cochise.az.gov

Return completed form with any attachments by: 10/6/15

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Barbara C. Holmes Address: 1765 W. Fort Willcox Loop
Business Name: Ft. Willcox RV Park City/Zip: Willcox, AZ 85643
Liquor License #: 10023160 Parcel #: 203-11-061
Ownership Type: Limited Liability Company Liquor License ☒ Special Event Liquor License ☐
Partner(s): _____

TO BE COMPLETED BY THE ENVIRONMENTAL HEALTH DEPARTMENT


We would like to request your assistance in reviewing the attached application.

Please provide any pertinent information for the Board's consideration:

Cochise County Environmental health has no issues or concerns with the proposed application.

OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

- ☒ The Health Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.
☐ The Health Department is currently working with the property owner on health-related issues with the subject property.

Name: Carl Hooper Title: Environmental Health Specialist
Signature:  Date: 9/30/2015
Contact phone: 520 432 9442 Email: chooper@cochise.az.gov

Return completed form with any attachments by: 10/6/15

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Barbara C. Holmes Address: 1765 W. Fort Willcox Loop
Business Name: Ft. Willcox RV Park City/Zip: Willcox, AZ 85643
Liquor License #: 10023160 Parcel #: 203-11-061
Ownership Type: Limited Liability Company Liquor License ☒ Special Event Liquor License ☐
Partner(s): _____

TO BE COMPLETED BY THE TREASURER'S OFFICE

Please advise if the property taxes for the parcel in question are current.

xxxx ☐ Yes ☐ No

If not, please attach pertinent documentation.

Comments:

Paid in full for 2014 taxes

Name: Kathleen wilson Title: Tax specialist 1
Signature: Kathleen wilson Date: 9/30/15
Contact phone: 520-432-8404 Email: kwilson@cochise.az.gov

Return completed form with any attachments by: 10/6/15

15 SEP 3 11:17 AM 10:12

RECEIVED
COCHISE COUNTY
BOARD OF SUPERVISORS
Arizona Department of Liquor Licenses and Control
800 West Washington, 5th Floor
Phoenix, Arizona 85007
2015 SEP 21 A 11:22 www.azliquor.gov
602-542-5141

15 SEP 16 11:47 AM 10:18

APPLICATION FOR LIQUOR LICENSE
TYPE OR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

SECTION 1 This application is for a:

- ☐ MORE THAN ONE LICENSE
☐ INTERIM PERMIT *Complete Section 5*
☒ NEW LICENSE *Complete Sections 2, 3, 4, 13, 14, 15, 16*
☐ PERSON TRANSFER (Bars & Liquor Stores ONLY)
Complete Sections 2, 3, 4, 11, 13, 15, 16
☐ LOCATION TRANSFER (Bars and Liquor Stores ONLY)
Complete Sections 2, 3, 4, 12, 13, 15, 16
☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE
Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)
☐ GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16*

SECTION 2 Type of ownership:

- ☐ J.T.W.R.O.S. *Complete Section 6*
☐ INDIVIDUAL *Complete Section 6*
☐ PARTNERSHIP *Complete Section 6*
☐ CORPORATION *Complete Section 7*
☒ LIMITED LIABILITY CO. *Complete Section 7*
☐ CLUB *Complete Section 8*
☐ GOVERNMENT *Complete Section 10*
☐ TRUST *Complete Section 6*
☐ OTHER (Explain) _____

SECTION 3 Type of license and fees LICENSE #(s):

1. Type of License(s): Retail Store, Series #10

2. Total fees attached:

Department Use Only
\$ 122⁰⁰

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.

The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

SECTION 4 Applicant

1. Owner/Agent's Name: ☐ Mr. Holmes Barbara *P1074674*
(Insert one name ONLY to appear on license) Last First Middle *C*
2. Corp./Partnership/L.L.C.: Fort Willcox R V Park L L C *B1055249*
(Exactly as it appears on Articles of Inc. or Articles of Org.) *B1055250*
3. Business Name: Fort Willcox R V Park
(Exactly as it appears on the exterior of premises)
4. Principal Street Location 1765 West Fort Willcox Loop Willcox Cochise 85643
(Do not use PO Box Number) City County Zip
5. Business Phone: 520-384-4986 Daytime Phone: 520-591-2051 Email: FTWILRV@YAHOO.COM
6. Is the business located within the incorporated limits of the above city or town? ☐ YES ☒ NO
7. Mailing Address: 1765 West Fort Willcox Loop Willcox Arizona 85643
City State Zip
8. Price paid for license only bar, beer and wine, or liquor store: Type \$ Type \$

DEPARTMENT USE ONLY

Fees: ⁰⁰100⁰⁰ Application Interim Permit Site Inspection ²⁰22⁰⁰ Finger Prints \$ ⁰⁰122⁰⁰ TOTAL OF ALL FEES

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? ☒ YES ☐ NO

Accepted by: *CS* Date: 9/18/15 Lic. # 10023160

SECTION 5 Interim Permit:

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. _____
4. Is the license currently in use? ☐ YES ☐ NO If no, how long has it been out of use? _____

ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.

I, _____, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER,
(Print full name)
MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

State of _____ County of _____

The foregoing instrument was acknowledged before me this

_____ day of _____
Day Month Year

X _____
(Signature)

My commission expires on: _____

(Signature of NOTARY PUBLIC)

SECTION 6 Individual or Partnership Owners:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Individual:

Last	First	Middle	% Owned	Mailing Address	City	State	Zip

Partnership Name: (Only the first partner listed will appear on license) _____

General-Limited	Last	First	Middle	% Owned	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

) Y R A S S E C E N F I T

2. Is any person, other than the above, going to share in the profits/losses of the business? ☐ YES ☐ NO
If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City, State, Zip	Telephone#

SECTION 7 Corporation/Limited Liability Co.:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

☐ CORPORATION Complete questions 1, 2, 3, 5, 6, 7, and 8.

☒ L.L.C. Complete 1, 2, 4, 5, 6, 7, and 8.

1. Name of Corporation/L.L.C.: Fort Willcox RV Park L.L.C.

(Exactly as it appears on Articles of Incorporation or Articles of Organization)

2. Date Incorporated/Organized: June 1, 2009 State where Incorporated/Organized: Arizona

3. AZ Corporation Commission File No.: _____ Date authorized to do business in AZ: _____

4. AZ L.L.C. File No: L-1529963-4

Date authorized to do business in AZ: June 29, 2009 6-3-09
June 3, 2009

5. Is Corp./L.L.C. Non-profit? ☐ YES ☒ NO

6. List all directors, officers and members in Corporation/L.L.C.:

Last	First	Middle	Title	Mailing Address	City State Zip
Holmes	Barbara	C	manager member	1765 West Fort Willcox Loop, Willcox, Arizona	85643

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

Last	First	Middle	% Owned	Mailing Address	City State Zip
Holmes	Barbara	C	100	1765 West Fort Willcox Loop, Willcox, Arizona	85643

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

SECTION 8 Club Applicants:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Name of Club: _____ Date Chartered: _____
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)

2. Is club non-profit? ☐ YES ☐ NO

3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City State Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:

1. Current Licensee's Name: _____
(Exactly as it appears on license) Last First Middle
2. Assignee's Name: _____
Last First Middle
3. License Type: _____ License Number: _____ Date of Last Renewal: _____
4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

SECTION 10 Government: (for cities, towns, or counties only)

1. Governmental Entity: _____
2. Person/designee: _____
Last First Middle Contact Phone Number

A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.

SECTION 11 Person to Person Transfer:

Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).

1. Current Licensee's Name: _____ Entity: _____
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: _____
(Exactly as it appears on license)
3. Current Business Name: _____
(Exactly as it appears on license)
4. Physical Street Location of Business: Street _____
City, State, Zip _____
5. License Type: _____ License Number: _____
6. If more than one license to be transferred: License Type: _____ License Number: _____
7. Current Mailing Address: _____
(Other than business) Street _____
City, State, Zip _____
8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? ☐ YES ☐ NO
9. Does the applicant intend to operate the business while this application is pending? ☐ YES ☐ NO If yes, complete Section 5 of this application, attach fee, and current license to this application.

10. I, _____, hereby authorize the department to process this application to transfer the
(print full name)

privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.

I, _____, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER
(print full name)
STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

(Signature of CURRENT LICENSEE)

State of _____ County of _____
The foregoing instrument was acknowledged before me this

Day Month Year

My commission expires on: _____

(Signature of NOTARY PUBLIC)

SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

1. Current Business: Name _____
(Exactly as it appears on license) Address _____
2. New Business: Name _____
(Physical Street Location) Address _____
3. License Type: _____ License Number: _____
4. If more than one license to be transferred: License Type: _____ License Number: _____
5. What date do you plan to move? _____ What date do you plan to open? _____

SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02) c) Government license (§ 4-205.03)
b) Hotel/motel license (§ 4-205.01) d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest school: 21,120 ft. Name of school Willcox Unified High School
Address 480 Bisbee Ave Willcox, Arizona 85643
City, State, Zip
2. Distance to nearest church: 2640 ft. Name of church Seventh Day Adventist Church
Address 1000 South Church Road Willcox Arizona 85643
City, State, Zip
3. I am the: ☐ Lessee ☐ Sublessee ☒ Owner ☐ Purchaser (of premises)
4. If the premises is leased give lessors: Name _____
Address _____
City, State, Zip
- 4a. Monthly rental/lease rate \$ _____ What is the remaining length of the lease ___ yrs. ___ mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ _____ or other _____
(give details - attach additional sheet if necessary)
5. What is the total business indebtedness for this license/location excluding the lease? \$ 133000.00
Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City State	Zip
Mundy, Dennis			133000.00	3590 Peanut Road, Cottdondale	Florida	32431

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? Recreational Vehicle Park store, convenience store

AMENDMENT

SECTION 13 - continued

7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?
☐ YES ☒ NO If yes, attach explanation.
8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES ☒ NO
9. Is the premises currently licensed with a liquor license? ☐ YES ☒ NO If yes, give license number and licensee's name:
 License # _____ (exactly as it appears on license) Name _____

SECTION 14 Restaurant or hotel/motel license applicants:

1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? ☐ YES ☐ NO
 If yes, give the name of licensee, Agent or a company name: _____ and license #: _____
2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this ☐ hotel/motel ☐ restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

 applicant's signature

As stated in A.R.S. § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.

 applicants initials

SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)

1. Check ALL boxes that apply to your business:
☒ Entrances/Exits ☒ Liquor storage areas ☐ Patio: ☐ Contiguous
☐ Service windows ☐ Drive-in windows ☐ Non Contiguous
2. Is your licensed premises currently closed due to construction, renovation, or redesign? ☐ YES ☒ NO
 If yes, what is your estimated opening date? _____ month/day/year
3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.
4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.


 applicants initials

15 SEP 17 14P. LIC. PM 2049

SECTION 13 - continued

7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?
☐ YES ☒ NO If yes, attach explanation.
8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES ☒ NO
9. Is the premises currently licensed with a liquor license? ☐ YES ☒ NO If yes, give license number and licensee's name:

License # _____ (exactly as it appears on license) Name _____

SECTION 14 Restaurant or hotel/motel license applicants:

1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? ☐ YES ☐ NO
If yes, give the name of licensee, Agent or a company name: _____ and license #: _____
Last First Middle
2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this ☐ hotel/motel ☐ restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

applicant's signature

As stated in A.R.S. § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.

applicants initials

SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)

1. Check ALL boxes that apply to your business:
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Entrances/Exits | <input checked="" type="checkbox"/> Liquor storage areas | Patio: <input type="checkbox"/> Contiguous |
| <input type="checkbox"/> Service windows | <input type="checkbox"/> Drive-in windows | <input checked="" type="checkbox"/> Non Contiguous |
2. Is your licensed premises currently closed due to construction, renovation, or redesign? ☐ YES ☒ NO
If yes, what is your estimated opening date? _____
month/day/year
3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.
4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spirituous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.


applicants initials

310
Liquor Storage
Shelfs

Window 3' 7"

Sm
refrigerator
on top

Stove

(West)

Entrance/Exit (West)
Registration Desk

Pie Case

78 sq'

Total square
feet of
Room

Entrance to End Desk

7' 8"

AMENDMENT

Room is 10' x 7' 8"

7' 8" space
(North)

Shelfs

(East)
Sliding Door Entrance/Exit
6' 4"

Drop
ceiling

(South)

15 SEP 17 Lic. Lic. PM 2 149

Wine bottles will be stored on the
shelves

Window 3' 7"

SM
refrigerator
on top

Stand

(west)

Registry Desk

Pie Case

78g

Entrance to End Desk

7' 8"

7' 8"

space
(North)

shelves

(East)

Sliding Door Entrance/Exit

6' 4"

Drop
meat By

Sliding Door
Entrance/Exit (Private)

Sliding Door
to Home

(South)

Shelves

SECTION 15 Diagram of Premises

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.

Diagram Attached

SECTION 16 Signature Block

I, Barbara C Holmes, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

X [Signature]
(signature of applicant listed in Section 4, Question 1)



My commission expires on : 9 10 - 9 - 2018
Day Month Year

State of Arizona County of Cochise

The foregoing instrument was acknowledged before me this
14 of September, 2015
Day Month Year

Laurel S Murray
signature of NOTARY PUBLIC

NOTICE

APPLICATION TO SELL ALCOHOLIC BEVERAGES

DATE POSTED: September 30, 2015

A HEARING ON A LIQUOR LICENSE APPLICATION SHALL BE HELD BEFORE THE

Cochise County Board of Supervisors

PLACE 1415 Melody Ln Bldg - Bisbee **DATE/TIME** October 27, 2015 @ 10:00 A.M.

HEARING DATES SUBJECT TO CHANGE, TO VERIFY CALL: 520-432-9200

THE LOCAL GOVERNING BODY WILL RECOMMEND TO THE STATE LIQUOR BOARD WHETHER THE BOARD SHOULD GRANT OR DENY THE LICENSE. THE

STATE LIQUOR BOARD MAY HOLD A HEARING TO CONSIDER THE RECOMMENDATION OF THE LOCAL GOVERNING BODY. ANY PERSON RESIDING OR OWNING OR LEASING PROPERTY WITHIN A ONE-MILE RADIUS MAY CONTACT

THE STATE LIQUOR BOARD IN WRITING TO REGISTER AS A PROTESTER. TO REQUEST INFORMATION REGARDING PROCEDURES BEFORE THE BOARD AND NOTICE OF ANY BOARD HEARINGS REGARDING THIS APPLICATION, CONTACT THE

STATE LIQUOR BOARD: 800 W. WASHINGTON, 5TH FLOOR, PHOENIX, AZ. 85007 (602) 542-9789

INDIVIDUALS REQUIRING ADA ACCOMMODATIONS CALL - LOCAL GOVERNING BODY:

STATE LIQUOR DEPT: (602) 542-9789

POST ONE COPY OF THE APPLICATION FORM BELOW THIS NOTICE.

Regular Board of Supervisors Meeting

Meeting Date: 10/27/2015

New Liquor License for Uptown 3 Theatre

Submitted By: Barbara Muenchow, Board of Supervisors

Department: Board of Supervisors

Presentation: No A/V Presentation **Recommendation:**

Document Signatures:

of ORIGINALS

Submitted for Signature:

NAME Arlethe Rios

TITLE Clerk of the Board

of PRESENTER:

of PRESENTER:

Mandated Function?:

**Source of Mandate
or Basis for Support?:**

Information

Agenda Item Text:

Approve a new liquor license application for a series #6 (bar) liquor license submitted by Ms. Dolores Cortez-Foote for Uptown 3 Theatre located at 4341 S. Hwy 92, Sierra Vista, AZ 85650.

Background:

Ms. Dolores Cortez-Foote has applied for a series #6 (bar) liquor license for Uptown 3 Theatre located at 4341 S. Hwy 92, Sierra Vista, AZ 85650. The Sheriff's Office and the Planning and Zoning Department have recommended approval of the application.

The Environmental Health Division said that they have no objections to issuing a liquor license to Ms. Dolores Cortez-Foote. The Treasurer's Office noted that all property taxes for the location are current.

Ms. Dolores Cortez-Foote has paid the \$100.00 processing fee. Supporting documentation regarding this liquor license is attached.

Department's Next Steps (if approved):

Board staff will forward the Board's decision to the Arizona Department of Liquor License and Control.

Impact of NOT Approving/Alternatives:

A hearing on this application will be scheduled with the State Liquor Board.

To BOS Staff: Document Disposition/Follow-Up:

Send packet to ADLLC and copy of letter w/out attachments to applicant.

Budget Information

Information about available funds

Budgeted: ☐

Funds Available: ☐

Amount Available:

Unbudgeted: ☐

Funds NOT Available: ☐

Amendment: ☐

Account Code(s) for Available Funds

1:

Fund Transfers

Attachments

Application

Posting Placard

Dept Forms



Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007
www.azliquor.gov
(602) 542-5141

RECEIVED
COCHISE COUNTY
BOARD OF SUPERVISORS
2015 SEP 14 A 10:58

Application for Liquor License
Type or Print with **Black Ink**

SECTION 1 This application is for a:

- ☐ Interim Permit (Complete Section 5)
☐ New License (Complete Sections 2, 3, 4, 13, 14, 15, 16)
☒ Person Transfer (Complete Section 2, 3, 4, 12, 13, 14, 16)
☒ Location Transfer (Bars and Liquor Stores Only)
(Complete Section 2, 3, 4, 11, 13, 14, 16)
☐ Probate/ Will Assignment/ Divorce Decree
(Complete Sections 2, 3, 4, 9, 13, 14, 16)
(Fee not required)
☐ Government (Complete Sections 2, 3, 4, 10, 13, 16)
☐ Seasonal

SECTION 2 Type of Ownership:

- ☐ J.T.W.R.O.S. (Complete Section 6)
☒ Individual (Complete Section 6)
☐ Partnership (Complete Section 6)
☐ Corporation (Complete Section 7)
☐ Limited Liability Co (Complete Section 7)
☐ Club (Complete Section 8)
☐ Government (Complete Section 10)
☐ Trust (Complete Section 6)
☐ Tribe (Complete Section 6)
☐ Other (Explain) _____

SECTION 3 Type of license

1. Type of License: Series #6 Cochise County, Az, Bar Liquor License

LICENSE # 06020009

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE

A service fee of \$25 will be charged for all dishonored checks (A.R.S. § 44-6852)

SECTION 4 Applicants

1. Individual Owner/Agent's Name: CORTEZ-FOOTE DAORES DIANNE

Last

First

Middle

2. Owner Name: Daores Dianne Cortez-Foote DN

(Ownership name for type of ownership checked on section 2)

3. Business Name: Uptown 3 Theatre

(Exactly as it appears on the exterior of premises)

4. Business Location Address: 4341 S. Hwy 92 Sierra Vista Az 85650 Cochise

(Do not use PO Box)

Street

City

State

Zip Code

County

5. Mailing Address: 4341 S. Hwy 92 Sierra Vista Az 85650

(All correspondence will be mailed to this address)

Street

City

State

Zip Code

6. Business Phone: 520 378 0210 Daytime Contact Phone: 520 249 3514

7. Email Address: valndee@cox.net

8. Is the Business located within the incorporated limits of the above city or town? ☐ Yes ☒ No

9. Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation? ☐ Yes ☒ No

If Yes, what City, Town or Tribal Reservation is this Business located in: _____

10. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only) \$ 11,594.06

Fees: <u>200</u>		Department Use Only		<u>22</u>	\$ <u>222</u>
Application	Interim Permit	Site Inspection	Finger Prints		Total of All Fees
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Accepted by: <u>M.S.</u>		Date: <u>09/10/2015</u>		License # <u>06020009</u>	

15 SEP 10 14 PM 9 37

SECTION 5 Interim Permit

- If you intend to operate business when your application is pending you will need an interim permit pursuant to ARS § 4-203.01
- There **MUST** be a valid license of the same type you are applying for currently issued to the location or for the replacement of a Hotel/Motel license with a Restaurant license pursuant to A.R.S. § 4-203.01.

1. Enter license number currently at the location: _____
2. Is the license currently in use? ☐ Yes ☐ No If no, how long has it been out of use? _____

Attach a copy of the license currently issued at this location to this application.

I, _____ declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING
(Print Full Name) PERSON on the stated license and location.

X _____
(Signature)

State _____ County of _____
The foregoing instrument was acknowledged before me this

_____ day of _____
Day Month Year

My Commission Expires on: _____
Date,

(Signature of Notary Public)

SECTION 6 Individual, Partnership, J.T.W.R.O.S, Trust, Tribe Ownerships

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE, AN "APPLICANT" TYPE FINGERPRINT CARD AND \$22 PROCESSING FEE FOR EACH CARD.

Individual

4341 S. Hwy 92 Sierra Vista Az 85650
Last First Middle %Owned Mailing Address City State Zip Code
Cortez-Fonte Dolores Dianne 100 7246 S. Hwy 92 Hoteland Az 85615

Is any person other than above, going to share in profit/losses of the business? ☐ Yes ☒ No

If Yes, give name, current address, and telephone number of person(s). Use additional sheets if necessary.

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code	Phone #

Partnership

Name of Partnership: _____

General-Limited	Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								

J.T.W.R.O.S (Joint Tenant with Rights of Survivorship)

Name of J.T.W.R.O.S: _____

Last	First	Middle	Mailing Address	City	State	Zip Code

SECTION 6 - continued

TRUST

Name of Trust: _____

Last	First	Middle	Mailing Address	City	State	Zip Code

TRIBE

Name of Tribal Ownership: _____

Last	First	Middle	Mailing Address	City	State	Zip Code

SECTION 7 Corporations/ Limited Liability Co

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE AN "APPLICANT" TYPE FINGERPRINT CARD AND \$22 PROCESSING FEE FOR EACH CARD.

☐ **Corporation** Complete Questions 1, 2, 3, 4, 5, 6, and 7

☐ **LLC.** Complete Questions 1, 2, 3, 4, 5, 6, and 7

1. Name of Corporation/ LLC: _____

2. Date Incorporated/Organized: _____ State where Incorporated/Organized: _____

3. AZ Corporation or AZ LLC File No: _____ Date authorized to do Business in AZ: _____

4. Is Corp/LLC. Non Profit? ☐ Yes ☐ No

5. List Directors, Officers, Members in Corporation/LLC:

Last	First	Middle	Title	Mailing Address	City	State	Zip Code

(Attach additional sheet if necessary)

6. List all Stockholders / percentage owners who own 10% or more:

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code

(Attach additional sheet if necessary)

7. If the corporation/ LLC are owned by another entity, attach an Organizational **FLOWCHART** showing the structure of the ownership. Attach additional sheets as needed in order to disclose the Officers, Directors, Members, Managers, Partners, Stockholders and percentage owners of those entities.

SECTION 8 Club Applicants

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE, AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Name of Club: _____

2. Is Club non-profit? ☐ Yes ☐ No

3. List all controlling members (minimum of four (4) requested)

Last	First	Middle	Mailing Address	City	State	Zip Code

(Attach additional sheet if necessary)

SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Liquor License

1. Current Licensee's Name: _____
(Exactly as it appear on the license) Last First Middle

2. Assignee's Name: _____
Last First Middle

3. License Type: _____ License Number: _____

ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE.

SECTION 10 Government (for cities, towns, or counties only)

1. Government Entity: _____

2. Person/Designee: _____
First Last Middle Day time Contact Phone #

A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISE FROM WHICH SPIRITUOUS LIQUOR IS SERVED.

SECTION 11 Location to Location Transfer: Series 6 Bar, Series 7 Beer & Wine Series 9 Liquor Stores only)

1. Current Business: Name: Free Quality Inn Wilcox
Address: 1100 W Rex Allen Dr Wilcox AZ 85643
(Exactly as it appears on license)

2. New Business: Name: UPTOWN 3 Theatre
Address: 4341 S. Hwy 90 Sierra Vista, AZ 85650

3. License Type: Series 6 License Number: 06020009

SECTION 12 Person to Person Transfer

Questions to be completed by Current Licensee (Bar and Liquor Stores Only- Series, 06, 07, and 09)

1. Individual Owner / Agent Name: FRASER Christina Selene Entity: Agent
Last First Middle (Individual, Agent, Etc)
2. Ownership Name: HARDEV Motel Inc
(Exactly as it appears on license)
3. Business Name: Quality Inn Willcox
(Exactly as it appears on license)
4. Business Location Address: 1100 W REX ALLEN DR Willcox Az 85643
Street City State Zip
5. License Type: Series 6 License Number: 06020009
6. Current Mailing Address: PO Box 2727 Jermoluk Az 85636
Street City State Zip
7. Have all creditors, lien holders, interest holders, etc. been notified? ☒ Yes ☐ No
8. Does the applicant intend to operate the business while this application is pending? ☐ Yes ☒ No
- If yes, complete Section 5 (Interim Permit) of this application; attach fee, and current license to this application.

9. I, (Print Full Name) See attached Bill of Sale hereby authorize the department to process this Application to transfer the privilege of the license to the applicant provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.

I, (Print Full Name) See attached Bill of Sale declare that I am the **CURRENT OWNER, MEMBER, PARTNER STOCKHOLDER or LICENSEE** of the stated license. I have read the above Section 12 and confirm that all statements are true, correct, and complete.

X _____
(Signature of CURRENT Individual Owner/Agent)

NOTARY

State of _____ County of _____
State County

The foregoing instrument was acknowledged before me this _____ day of _____
Day Month Year

My commission expires on _____
Day/ Month/Year Signature of NOTARY PUBLIC

Bill of Sale

IN CONSIDERATION OF THE SUM OF:

*** Fifteen Thousand Dollars And No Cents ***lawful currency of the United States of America, and other valuable consideration, receipt of which is hereby acknowledged, the SELLER:

Eagles Landing, LLC, an Arizona Limited Liability Company

hereby grants, bargains, sells and transfers unto the BUYER:

Dolores D. Cortez-Foote, a married woman as her sole and separate property

and his, her or their heirs, personal representatives, or assigns, to have and to hold forever, the following described personal property, goods or chattels:

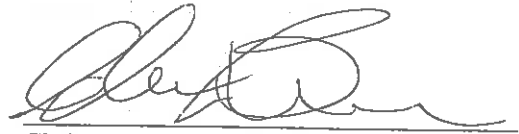
That certain State of Arizona Liquor License #06020009

FURTHERMORE, Seller warrants that he, she or they are the lawful owner of said goods and hereby certifies, under oath, that he, she or they have good right to sell the same as aforesaid, and that the above described property is free and clear of all claims, liens and other encumbrances whatsoever, EXCEPT, as specified herein. Seller further agrees to warrant and defend same against the lawful claims and demands of all persons whomsoever.

DATED: August 13, 2015

Eagles Landing, LLC, an Arizona Limited Liability Company


Alan P. Kawakami, Manager


Christopher C. Bourlier, Manager

State of Arizona }ss:
County of Cochise

On August 20, 2015, before me, the undersigned, a Notary Public in and for said County and State, personally appeared Alan P. Kawakami, Manager, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.


Notary Public



State of Arizona }ss:
County of Cochise

On August 20, 2015, before me, the undersigned, a Notary Public in and for said County and State, personally appeared Christopher C. Bourlier, Manager personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.


Notary Public
Escrow No.: 00154494



15 SEP 10 14 PM 9 '15

STATE OF ARIZONA

DEPARTMENT OF LIQUOR LICENSES
AND CONTROL
ALCOHOLIC BEVERAGE LICENSE
License 06020009

Issue Date: 3/15/2012

Expiration Date: 6/30/2016

Issued To:

CHRISTINA SELENE FRASER, Agent
HARDEV MOTEL INC, Owner

Location:

QUALITY INN WILLCOX
1100 W REX ALLEN DR
WILLCOX, AZ 85643

Mailing Address:

CHRISTINA SELENE FRASER
HARDEV MOTEL INC
QUALITY INN WILLCOX
P.O. BOX 2727
SIERRA VISTA, AZ 85636

EXP 06/30/2016



POST THIS LICENSE IN A CONSPICUOUS PLACE

SECTION 13 Proximity to Church or School

Questions to be completed by all in-state applicants EXCLUDING those applying for a Series 5 Government, Series 11 Hotel/Motel, and Series 12 Restaurant licenses.

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02)
- b) Hotel/motel license (§ 4-205.01)

- c) Government license (§ 4-205.03)
- d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest School: 10,280 Name of School: Huachuca Mountain Elementary
(if less than one (1) mile note footage) Address: 3228 Saint Andrews Dr. SV Az

2. Distance to nearest Church: 7,905 Name of Church: The Church of Jesus Christ of Latter-day Saints
(if less than one (1) mile note footage) Address: 2100 E. Yaqui Street
Sierra Vista, Az 85650

SECTION 14 Business Financials

1. I am the: ☒ Lessee ☐ Sub-lessee ☐ Owner ☐ Purchaser ☐ Management Company

2. If the premise is leased give lessors:

Name: Don Updike

Address: 4373 E. Hwy 92 Sierra Vista, Az 85650
Street City State Zip

3. Monthly Rent/ Lease Rate: \$ 5,300

4. What is the remaining length of the lease? _____ yrs _____ months Month to Month

5. What is the penalty if the lease is not fulfilled? \$ 0 or other: _____
(Give details-attach additional sheet if necessary)

6. Total money borrowed for the Business not including lease? \$ 4,000.-
Please List Lenders/People you owe money to for business.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip
NATIONAL	BANK		4,000	25 S. Hwy 92	Sierra Vista	Az	85635

(Attach additional sheet if necessary)

7. What type of business will this license be used for (be specific)?

Movie Theatre

8. Has a license or a transfer license for the premises on this application been denied by the state with in the past (1) year? ☐ Yes ☒ No If yes, attach explanation.

9. Does any spirituous liquor manufacture, wholesaler, or employee have an interest in your business? ☐ Yes ☒ No

10. Is the premises currently license with a liquor license? ☐ Yes ☒ No

If yes, give license number and licensee's name:

License #: _____ Individual Owner /Agent Name: _____
(Exactly as it appears on license)

SECTION 12 Person to Person Transfer

Questions to be completed by Current Licensee (Bar and Liquor Stores Only- Series, 06, 07, and 09)

1. Individual Owner / Agent Name: Cortez-Fonte Dolores Dianne Entity: Individual
Last First Middle (Individual, Agent, Etc)
2. Ownership Name: _____
(Exactly as it appears on license)
3. Business Name: Uptown 3 Theatre
(Exactly as it appears on license)
4. Business Location Address: 4341 South Hwy 92 Sierra Vista Az 85650
Street City State Zip
5. License Type: Series #1 License Number: # 06020009
6. Current Mailing Address: 4341 S. Hwy 92 Sierra Vista Az 85650
Street City State Zip
7. Have all creditors, lien holders, interest holders, etc. been notified? ☒ Yes ☐ No
8. Does the applicant intend to operate the business while this application is pending? ☒ Yes ☒ No
- If yes, complete Section 5 (Interim Permit) of this application; attach fee, and current license to this application.

9. I, (Print Full Name) Dolores D. Cortez-Fonte hereby authorize the department to process this Application to transfer the privilege of the license to the applicant provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.

I, (Print Full Name) Dolores D. Cortez-Fonte declare that I am the **CURRENT OWNER, MEMBER, PARTNER STOCKHOLDER or LICENSEE** of the stated license. I have read the above Section 12 and confirm that all statements are true, correct, and complete.

X Dolores D. Cortez-Fonte
(Signature of CURRENT Individual Owner/Agent)

NOTARY

State of ARIZONA County of COCHISE
State County

The foregoing instrument was acknowledged before me this 4th day of SEPTEMBER, 2015
Day Month Year

My commission expires on 10-30-2015 Mary D. Parker
Day/ Month/Year Signature of NOTARY PUBLIC



MARY D. PARKER
Notary Public - State of Arizona
COCHISE COUNTY
My Commission Expires
October 30, 2015

SECTION 15 Restaurant or hotel/motel license applicants

1. Is there an existing Restaurant or Hotel/Motel Liquor License at the proposed location? ☐ Yes ☒ No
2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
3. All Restaurant and Hotel/Motel applicants must complete a Restaurant Operation Plan form provided by the Department of Liquor Licenses and Control.
4. As stated in A.R.S. § 4-205.02. (H) (2), a Restaurant is an establishment which derives at least forty (40) percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from sales of food and spirituous liquor on the licensed premises. By applying for this ☐ Restaurant ☐ Hotel/Motel, I certify that I understand that I must maintain a minimum of forty (40) percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit form with this application.

(Applicant's Signature)

5. I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing; specify why the extension is necessary; and the new inspection date you are requesting.

(Applicant's Initials)

SECTION 16 Diagram of Premises

Check ALL boxes that apply to your business:

- ☒ Entrances/Exits ☒ Liquor storage areas **Patio:** ☐ Contiguous
☒ Walk-up windows ☐ Drive-through windows ☐ Non Contiguous

1. Is your licensed premises currently closed due to construction, renovation or redesign? ☐ Yes ☒ No
If yes, what is your estimated completion date? _____

Month/Day/Year

2. Restaurants and Hotel/Motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Place for diagram is on section 16 number 6.
3. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored on the premises unless it is a restaurant (see # 3 above).
4. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01 (B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to the boundaries, entrances, exits, added or deleted doors, windows, service windows or increase or decrease to the square footage after submitting this initial diagram.

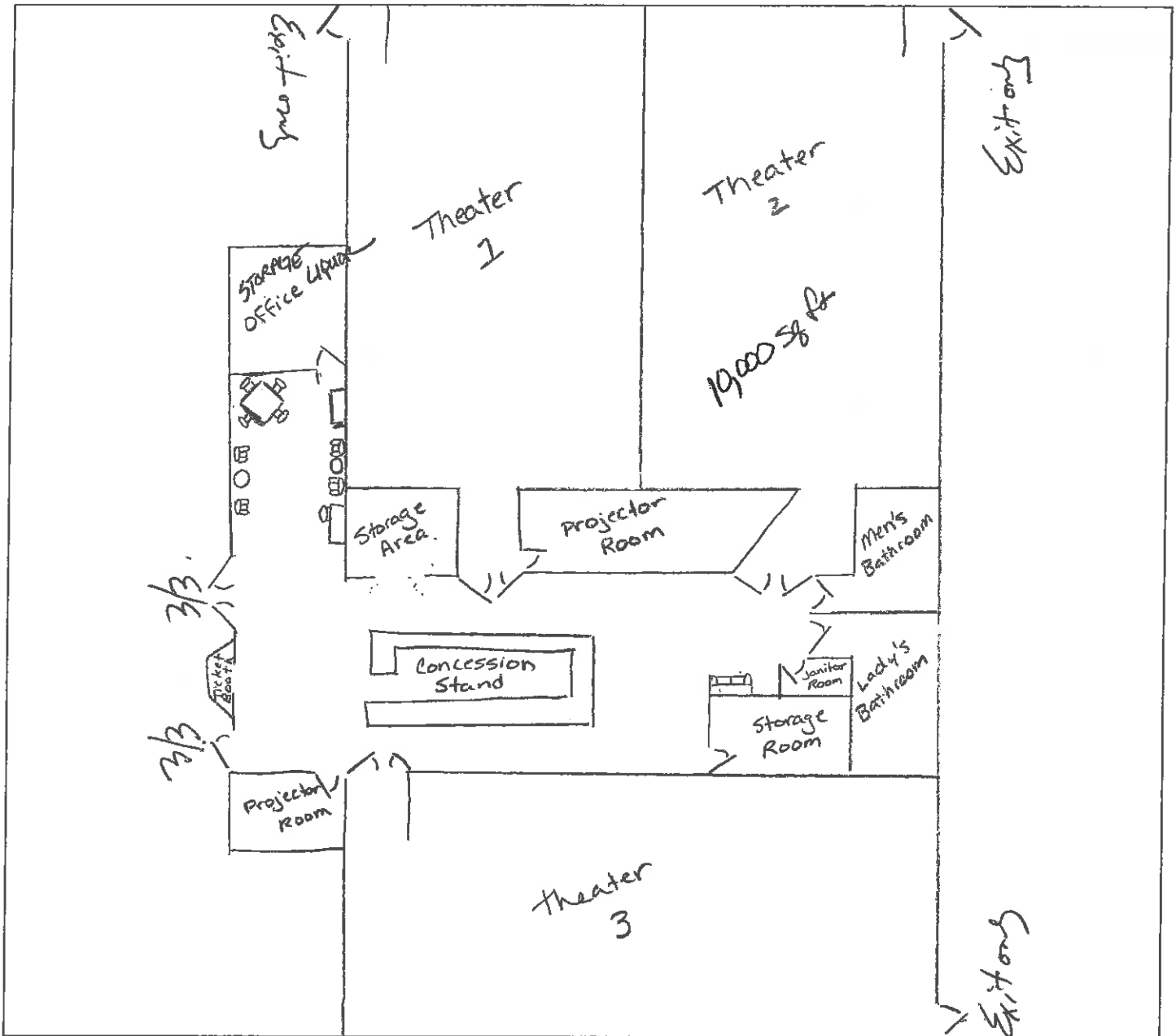
(Applicant's Initials)

SECTION 16 Diagram of Premises -- continued

6. On the diagram please show only the areas where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, hi-top tables, dining tables, dining chairs, dance floor, stage, game room, and the kitchen. DO NOT include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of the premises is attached to this application, please write the words "DIAGRAM ATTACHED" in the box provided for the diagram on the application.

DIAGRAM OF PREMISES



SECTION 17 SIGNATURE BLOCK

I, (Print Full Name) Delores D. Cortez-Forte hereby declare that I am the Owner/Agent filing this application as stated in Section 4 # 1. I have read this application and verify all statements to be true, correct and complete.

X (Signature)

Delores D. Cortez-Forte

State of ARIZONA County of COCHISE

The foregoing instrument was acknowledged before me this

4th of SEPTEMBER, 2015

My commission expires on:

10-30-2015

Day

Month

Year

Mary D. Parker
Signature of NOTARY PUBLIC
MARY D. PARKER
Notary Public - State of Arizona
COCHISE COUNTY
My Commission Expires
October 30, 2015

A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.

NOTICE

APPLICATION TO SELL ALCOHOLIC BEVERAGES

DATE POSTED: SEPTEMBER 30, 2015

A HEARING ON A LIQUOR LICENSE APPLICATION SHALL BE HELD BEFORE THE

COCHISE COUNTY BOARD OF SUPERVISORS

PLACE 1415 Melody Ln - Bld G. Bisbee **DATE/TIME** October 27, 2015 @ 10:00 A.M

HEARING DATES SUBJECT TO CHANGE, TO VERIFY CALL: 520-432-9200

THE LOCAL GOVERNING BODY WILL RECOMMEND TO THE STATE LIQUOR BOARD WHETHER THE BOARD SHOULD GRANT OR DENY THE LICENSE. THE

STATE LIQUOR BOARD MAY HOLD A HEARING TO CONSIDER THE RECOMMENDATION OF THE LOCAL GOVERNING BODY. ANY PERSON RESIDING OR OWNING OR LEASING PROPERTY WITHIN A ONE-MILE RADIUS MAY CONTACT

THE STATE LIQUOR BOARD IN WRITING TO REGISTER AS A PROTESTER. TO REQUEST INFORMATION REGARDING PROCEDURES BEFORE THE BOARD AND

NOTICE OF ANY BOARD HEARINGS REGARDING THIS APPLICATION, CONTACT THE

STATE LIQUOR BOARD: 800 W. WASHINGTON, 5TH FLOOR, PHOENIX, AZ. 85007 (602) 542-9789

INDIVIDUALS REQUIRING ADA ACCOMMODATIONS CALL - LOCAL GOVERNING BODY:

STATE LIQUOR DEPT: (602) 542-9789

POST ONE COPY OF THE APPLICATION FORM BELOW THIS NOTICE.

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

For internal use only:

- ☐ Restaurant/Hotel-Motel
☐ Club/Government
☐ Transfer of Premises

APPLICANT INFORMATION

Applicant Name: Dolores Dianne Cortez - Foote Address: 4341 S. Hwy 92
Business Name: Uptown 3 Theatre City/Zip: Sierra Vista, AZ 85650
Liquor License #: 06020009 Parcel #: 107-66-068C
Ownership Type: Individual Liquor License ☒ Special Event Liquor License ☐
Partner(s): _____

TO BE COMPLETED BY THE PLANNING & ZONING DEPARTMENT

Please advise if, at the time the application was filed:

1. The premises for which the license is being applied for is within 300 horizontal feet of a church; or
2. The premises for which the license is being applied for is within 300 horizontal feet of a public or private school, or a fenced recreation area adjacent to a school building.

If so, please attach pertinent documentation and drawings or maps.

Comments: Proposed site not within 300 horizontal feet of a church, public or private school, or fenced recreation area adjacent to a school building.

Based on the above information, the Planning and Zoning Department's recommendation to the Board of Supervisors is:

Approval



Disapproval



OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

Proper Zoning? Y ☒ N ☐
Use permitted by P&Z? Y ☒ N ☐
Date Permit Issued: August 10, 1993
If use not permitted, is it LNC? Y ☐ N ☒

Zoning: General Business (GB)
Permit#: 930863
Use Permitted: Theater
Year LNC Established: n/a

- ☐ The Planning Department will notify the applicant that if any construction is proposed, a Non-Residential Permit must first be submitted and approved by this Department, or if there is a lapse of 12 months of non-operation of the business, a Non-Residential Permit will be required to re-establish the use from this Department.
- ☐ The Planning Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.
- ☐ The Planning Department is currently working with the property owner on several zoning-related issues with the subject property.
- ☐ The Planning Department is currently working with the property owner on obtaining the proper permits to operate the business.

Name: Dora V Flores
Signature: Dora V Flores
Contact phone: 520-803-3967

Title: Zoning Administrator
Date: October 2, 2015
Email: dflores@cochise.az.gov

Return completed form with any attachments by: 10/6/15

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Delores Dianne Cortez-Foote Address: 4341 S. Hwy 92
Business Name: Uptown 3 Theatre City/Zip: Sierra Vista, AZ 85650
Liquor License #: 06020009 Parcel #: 107-66-068C
Ownership Type: Individual Liquor License ☒ Special Event Liquor License ☐
Partner(s): _____

TO BE COMPLETED BY THE SHERIFF'S OFFICE

Please advise if:

1. There have been a significant number of incidents at the named location within five (5) years prior to the application.

If so, please attach pertinent documentation.

Comments: There have not been a significant number of incidents at the location within 5 years.

Based on the above information, the Sheriff's Office recommendation to the Board of Supervisors is:

Approval

☐

Disapproval

☐

No Recommendation

☒

Name: Mark P. Genz

Title: Commander

Signature: s/Mark P. Genz

Date: 100115

Contact phone: 432-9506

Email: mgenz@cochise.az.gov

Return completed form with any attachments by:

10/6/15

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Dolores Dianne Cortez-Foote Address: 4341 S. Hwy 92
Business Name: Uptown 3 Theatre City/Zip: Sierra Vista, AZ 85650
Liquor License #: 06020009 Parcel #: 107-66-068C
Ownership Type: Individual Liquor License ☒ Special Event Liquor License ☐
Partner(s): _____

TO BE COMPLETED BY THE ENVIRONMENTAL HEALTH DEPARTMENT

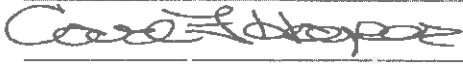
We would like to request your assistance in reviewing the attached application.

Please provide any pertinent information for the Board's consideration:

Cochise County Environmental Health has no issues with the proposed application

OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

- ☒ The Health Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.
☐ The Health Department is currently working with the property owner on health-related issues with the subject property.

Name: Carl Hooper Title: Environmental Health Specialist
Signature:  Date: 9/30/2015
Contact phone: 520 432 9442 Email: chooper@cochise.az.gov

Return completed form with any attachments by: 10/6/15

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Dolores Dianne Cortez-Foote Address: 4341 S. Hwy 92
Business Name: Uptown 3 Theatre City/Zip: Sierra Vista, AZ 85650
Liquor License #: 06020009 Parcel #: 107-66-068C
Ownership Type: Individual Liquor License ☒ Special Event Liquor License ☐
Partner(s): _____

TO BE COMPLETED BY THE TREASURER'S OFFICE

Please advise if the property taxes for the parcel in question are current.

xxxx ☐ Yes ☐ No

If not, please attach pertinent documentation.

Comments:

Paid in full for the 2014 tax year

Name: Kathleen wilson Title: Tax specialist 1
Signature: Kathleen wilson Date: 9/30/15
Contact phone: 520-432-8404 Email: kwilson@cochise.az.gov

Return completed form with any attachments by: 10/6/15

**Public Hearings 7.
Board of Supervisors**

Regular Board of Supervisors Meeting

Meeting Date: 10/27/2015

New Liquor License Double R Guest Ranch

Submitted By: Barbara Muenchow, Board of Supervisors

Department: Board of Supervisors

Presentation: No A/V **Recommendation:** Approve
Presentation

Document Signatures: BOS **# of ORIGINALS** 0
Signature **Submitted for Signature:**
NOT
Required

NAME Arlethe Rios **TITLE** Clerk of the Board
of PRESENTER: **of PRESENTER:**

Mandated Function?: Not **Source of Mandate**
Mandated **or Basis for Support?:**

Docket Number (If applicable):

Information

Agenda Item Text:

Approve a new liquor license application for a series #12 (restaurant) liquor license submitted by Ms. Renee Lewis for Double R Guest Ranch located at 1092 W. Highland Rd., Pearce, AZ 85625.

Background:

Ms. Renee Lewis has applied for a series #12 (restaurant) liquor license for Double R Guest Ranch located at 1092 W. Highland Rd., Pearce, AZ 85625. The Sheriff's Office has no recommendation. The Planning and Zoning Department has recommended approval of the application. There have been no formal protests to this liquor license.

The Environmental Health Division has no concerns with the issuance of the liquor license. The Treasurer's Office noted that all property taxes for the location are current.

Ms. Lewis has paid the \$100.00 processing fee. Supporting documentation regarding this liquor license is attached.

Department's Next Steps (if approved):

Board staff will forward the Board's decision to the Arizona Department of Liquor License and Control.

Impact of NOT Approving/Alternatives:

A hearing on this application will be scheduled with the State Liquor Board.

To BOS Staff: Document Disposition/Follow-Up:

Send packet to ADLLC and copy of letter w/out attachments to applicant.

Budget Information

Information about available funds

Budgeted: ☐

Funds Available: ☐

Amount Available:

Unbudgeted: ☐

Funds NOT Available: ☐

Amendment: ☐

Account Code(s) for Available Funds

1:

Fund Transfers

Attachments

Application

Posting Placard

Dept Forms



15 AUG 24 11:47. Sept #1020

Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007
www.azliquor.gov
(602) 542-5141

15 SEP 14 11:47. Sept #11114

Application for Liquor License
Type or Print with **Black Ink**

SECTION 1 This application is for a:

- ☐ Interim Permit (Complete Section 5)
☒ New License (Complete Sections 2, 3, 4, 13, 14, 15, 16)
☐ Person Transfer (Complete Section 2, 3, 4, 12, 13, 14, 16)
☐ Location Transfer (Bars and Liquor Stores Only)
(Complete Section 2, 3, 4, 11, 13, 14, 16)
☐ Probate/ Will Assignment/ Divorce Decree
(Complete Sections 2, 3, 4, 9, 13, 14, 16)
(Fee not required)
☐ Government (Complete Sections 2, 3, 4, 10, 13, 16)
☐ Seasonal

SECTION 2 Type of Ownership:

- ☐ J.T.W.R.O.S. (Complete Section 6)
☐ Individual (Complete Section 6)
☐ Partnership (Complete Section 6)
☐ Corporation (Complete Section 7)
☒ Limited Liability Co (Complete Section 7)
☐ Club (Complete Section 8)
☐ Government (Complete Section 10)
☐ Trust (Complete Section 6)
☐ Tribe (Complete Section 6)
☐ Other (Explain) _____

SECTION 3 Type of license

LICENSE # 12023193

1. Type of License: Restaurant

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE

A service fee of \$25 will be charged for all dishonored checks (A.R.S. § 44-6852)

SECTION 4 Applicants

1. Individual Owner/Agent's Name: Lewis Renee Melissa
Last First Middle

2. Owner Name: Double R Guest Ranch LLC
(Ownership name for type of ownership checked on section 2)

3. Business Name: Double R Guest Ranch
(Exactly as it appears on the exterior of premises)

4. Business Location Address: 1092 W. Highland Road Peace AZ 85625
(Do not use PO Box) Street City State Zip Code County Cochise

5. Mailing Address: PO Box 1059 Peace AZ 85625
(All correspondence will be mailed to this address) Street City State Zip Code

6. Business Phone: (520) 334-5591 Daytime Contact Phone: 520-334-5591

7. Email Address: douberranchaz@gmail.com

8. Is the Business located within the incorporated limits of the above city or town? ☒ Yes ☒ No

9. Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation? ☐ Yes ☒ No

If Yes, what City, Town or Tribal Reservation is this Business located in: _____

10. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only) \$ _____

Fees:	<u>100.00</u>	Department Use Only	<u>50.00</u>	<u>44.00</u>	<u>194.00</u>
Application	Interim Permit	Site Inspection	Finger Prints	Total of All Fees	
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Accepted by:	<u>JB</u>	Date:	<u>09-21-15</u>	License #	<u>12023193</u>

SECTION 5 Interim Permit

- If you intend to operate business when your application is pending you will need an interim permit pursuant to ARS § 4-203.01
- There **MUST** be a valid license of the same type you are applying for currently issued to the location or for the replacement of a Hotel/Motel license with a Restaurant license pursuant to A.R.S. § 4-203.01.

1. Enter license number currently at the location: _____
2. Is the license currently in use? ☐ Yes ☐ No If no, how long has it been out of use? _____

Attach a copy of the license currently issued at this location to this application.

I, _____ declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING
(Print Full Name) PERSON on the stated license and location.

X _____
(Signature)

State _____ County of _____
The foregoing instrument was acknowledged before me this

_____ day of _____
Day Month Year

My Commission Expires on: _____
Date

(Signature of Notary Public)

SECTION 6 Individual, Partnership, J.T.W.R.O.S, Trust, Tribe Ownerships

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE, AN "APPLICANT" TYPE FINGERPRINT CARD AND \$22 PROCESSING FEE FOR EACH CARD.

Individual

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code

Is any person other than above, going to share in profit/losses of the business? ☐ Yes ☐ No
If Yes, give name, current address, and telephone number of person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City	State	Zip Code	Phone #

Partnership

Name of Partnership: _____

General-Limited	Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								

J.T.W.R.O.S (Joint Tenant with Rights of Survivorship)

Name of J.T.W.R.O.S: _____

Last	First	Middle	Mailing Address	City	State	Zip Code

SECTION 6 - continued

TRUST

Name of Trust: _____

Last	First	Middle	Mailing Address	City	State	Zip Code
		N/A				

TRIBE

Name of Tribal Ownership: _____

Last	First	Middle	Mailing Address	City	State	Zip Code
		N/A				

SECTION 7 Corporations/ Limited Liability Co

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE AN "APPLICANT" TYPE FINGERPRINT CARD AND \$22 PROCESSING FEE FOR EACH CARD.

☐ Corporation Complete Questions 1, 2, 3, 4, 5, 6, and 7

☒ L.L.C. Complete Questions 1, 2, 3, 4, 5, 6, and 7

1. Name of Corporation/ L.L.C.: Double R Guest Ranch, LLC
2. Date Incorporated/Organized: 2/27/15 State where Incorporated/Organized: Arizona
3. AZ Corporation or AZ L.L.C File No: L1937756-1 Date authorized to do Business in AZ: 3/9/15
4. Is Corp/L.L.C. Non Profit? ☐ Yes ☒ No
5. List Directors, Officers, Members in Corporation/L.L.C:

Last	First	Middle	Title	Mailing Address	City	State	Zip Code
Lewis	Rene'e	Melissa	Member	PO Box 1059	Pearce	AZ	85625
Sirota	Ronald	Harris	member	PO Box 1059	Pearce	AZ	85625

(Attach additional sheet if necessary)

6. List all Stockholders / percentage owners who own 10% or more:

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code
Lewis	Renee	Melissa	50%	PO Box 1059	Pearce	AZ	85625
	N/A						
Sirota	Ronald	Harris	50%	PO Box 1059	Pearce	AZ	85625

(Attach additional sheet if necessary)

7. If the corporation/ L.L.C are owned by another entity, attach an Organizational **FLOWCHART** showing the structure of the ownership. Attach additional sheets as needed in order to disclose the Officers, Directors, Members, Managers, Partners, Stockholders and percentage owners of those entities.

N/A

SECTION 8 Club Applicants

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE, AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Name of Club: _____
2. Is Club non-profit? ☐ Yes ☐ No
3. List all controlling members (minimum of four (4) requested)

Last	First	Middle	Mailing Address	City	State	Zip Code

(Attach additional sheet if necessary)

SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Liquor License

1. Current Licensee's Name: _____
(Exactly as it appear on the license) Last First Middle
2. Assignee's Name: _____
Last First Middle
3. License Type: _____ License Number: _____

ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE.

SECTION 10 Government (for cities, towns, or counties only)

1. Government Entlty: _____
2. Person/Designee: _____
First Last Middle Day time Contact Phone #

A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISE FROM WHICH SPIRITUOUS LIQUOR IS SERVED.

SECTION 11 Location to Location Transfer: Series 6 Bar, Series 7 Beer & Wine Series 9 Liquor Stores only)

1. Current Business: Name: _____
Address: _____
(Exactly as it appears on license)
2. New Business: Name: _____
Address: _____
3. License Type: _____ License Number: _____

SECTION 12 Person to Person Transfer

Questions to be completed by Current Licensee (Bar and Liquor Stores Only- Series, 06, 07, and 09)

1. Individual Owner / Agent Name: _____ Entity: _____
Last First Middle (Individual, Agent, Etc)

2. Ownership Name: _____
(Exactly as it appears on license)

3. Business Name: _____
(Exactly as it appears on license)

4. Business Location Address: _____
Street City State Zip

5. License Type: _____ License Number: _____

6. Current Mailing Address: _____
Street City State Zip

7. Have all creditors, lien holders, interest holders, etc. been notified? ☐ Yes ☐ No

8. Does the applicant intend to operate the business while this application is pending? ☐ Yes ☐ No

If yes, complete Section 5 (**Interim Permit**) of this application; attach fee, and current license to this application.

9. I, (Print Full Name) _____ hereby authorize the department to process this Application to transfer the privilege of the license to the applicant provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.

I, (Print Full Name) _____, declare that I am the **CURRENT OWNER, MEMBER, PARTNER STOCKHOLDER or LICENSEE** of the stated license. I have read the above Section 12 and confirm that all statements are true, correct, and complete.

X _____
(Signature of CURRENT Individual Owner/Agent)

NOTARY

State of _____ County of _____
State County

The foregoing instrument was acknowledged before me this _____ day of _____, _____
Day Month Year

My commission expires on _____
Day/ Month/Year Signature of NOTARY PUBLIC

SECTION 13 Proximity to Church or School

Questions to be completed by all in-state applicants EXCLUDING those applying for a Series 5 Government, Series 11 Hotel/Motel, and Series 12 Restaurant licenses.

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

a) Restaurant license (§ 4-205.02)

b) Hotel/motel license (§ 4-205.01)

c) Government license (§ 4-205.03)

d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest School: _____ Name of School: _____
(If less than one (1) mile note footage) Address: _____

2. Distance to nearest Church: _____ Name of Church: _____
(If less than one (1) mile note footage) Address: _____

SECTION 14 Business Financials

1. I am the: ☐ Lessee ☐ Sub-lessee ☒ Owner ☐ Purchaser ☐ Management Company

2. If the premise is leased give lessors: Name: _____
Address: _____
Street City State Zip

3. Monthly Rent/ Lease Rate: \$ N/A

4. What is the remaining length of the lease? N/A yrs _____ months

5. What is the penalty if the lease is not fulfilled? \$ N/A or other: _____
(Give details-attach additional sheet if necessary)

6. Total money borrowed for the Business not including lease? \$ \$300,000.
Please List Lenders/People you owe money to for business.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip
Searle	Eve		800,000.	PO Box 302	Pearee	AZ	85625

(Attach additional sheet if necessary)

7. What type of business will this license be used for (be specific)?

Restaurant

8. Has a license or a transfer license for the premises on this application been denied by the state with in the past (1) year? ☐ Yes ☒ No If yes, attach explanation.

9. Does any spirituous liquor manufacture, wholesaler, or employee have an interest in your business? ☐ Yes ☒ No

10. Is the premises currently license with a liquor license? ☐ Yes ☒ No

If yes, give license number and licensee's name:

License #: _____ Individual Owner /Agent Name: _____
(Exactly as it appears on license)

SECTION 15 Restaurant or hotel/motel license applicants

1. Is there an existing Restaurant or Hotel/Motel Liquor License at the proposed location? ☐ Yes ☒ No
2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
3. All Restaurant and Hotel/Motel applicants must complete a Restaurant Operation Plan form provided by the Department of Liquor Licenses and Control.
4. As stated in A.R.S. § 4-205.02. (H)(2), a Restaurant is an establishment which derives at least forty (40) percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from sales of food and spirituous liquor on the licensed premises. By applying for this ☒ Restaurant ☐ Hotel/Motel, I certify that I understand that I must maintain a minimum of forty (40) percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit form with this application.

Renee Lewis
(Applicant's Signature)

5. I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing; specify why the extension is necessary; and the new inspection date you are requesting.

Renee Lewis
(Applicant's Initials)
R.L.

SECTION 16 Diagram of Premises

Check ALL boxes that apply to your business:

☒ Entrances/Exits

☒ Liquor storage areas

Patio: ☒ Contiguous

☐ Walk-up windows

☐ Drive-through windows

☐ Non Contiguous

1. Is your licensed premises currently closed due to construction, renovation or redesign? ☐ Yes ☒ No
If yes, what is your estimated completion date? _____

Month/Day/Year

2. **Restaurants and Hotel/Motel** applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Place for diagram is on section 16 number 6.
3. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored on the premises unless it is a restaurant (see # 3 above).
4. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01 (B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to the boundaries, entrances, exits, added or deleted doors, windows, service windows or increase or decrease to the square footage after submitting this initial diagram.

RL
(Applicant's Initials)

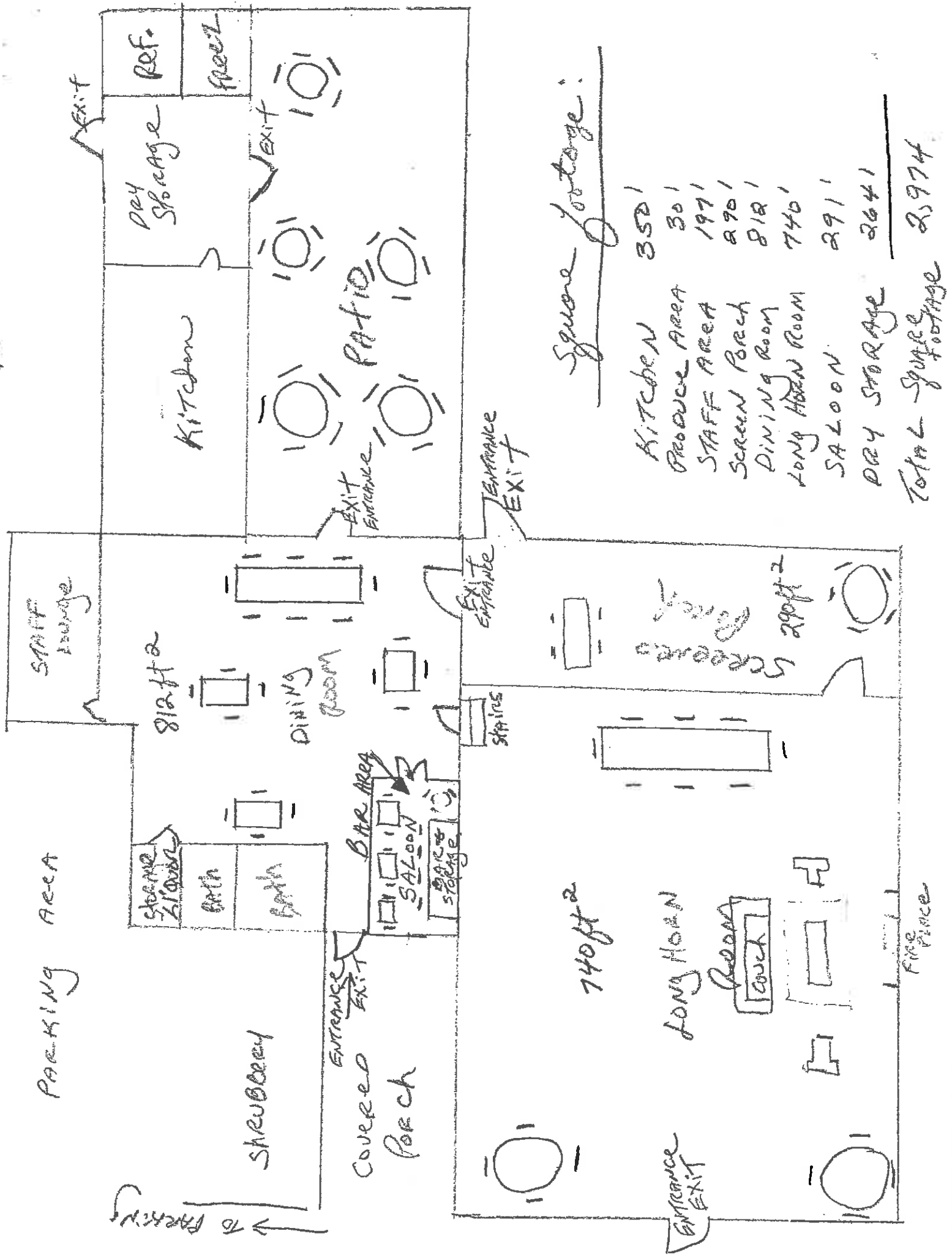
SECTION 16 Diagram of Premises – continued

6. On the diagram please show only the areas where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, hi-top tables, dining tables, dining chairs, dance floor, stage, game room, and the kitchen. DO NOT include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of the premises is attached to this application, please write the words "DIAGRAM ATTACHED" in the box provided for the diagram on the application.

DIAGRAM OF PREMISES

PLEASE
SEE
ATTACHED

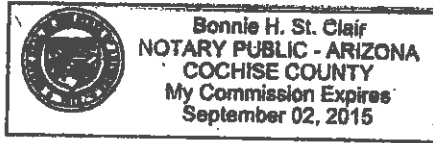


SECTION 17 SIGNATURE BLOCK

I, (Print Full Name) Renee Melissa Lewis, hereby declare that I am the Owner/Agent filing this application as stated in Section 4 # 1. I have read this application and verify all statements to be true, correct and complete.

X (Signature) Renee Melissa Lewis

State of Arizona County of Cochise



The foregoing instrument was acknowledged before me this

3rd of August, 2015

Day Month Year

My commission expires on: 9-2-15

Bonnie H St Clair
Signature of NOTARY PUBLIC

A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.

NOTICE

APPLICATION TO SELL ALCOHOLIC BEVERAGES

DATE POSTED: SEPTEMBER 30, 2015

A HEARING ON A LIQUOR LICENSE APPLICATION SHALL BE HELD BEFORE THE

COCHISE COUNTY BOARD OF SUPERVISORS

PLACE 1415 Melody Ln. Bldg - Bisbee DATE/TIME OCTOBER 27, 2015 @ 10:00 A.M.

HEARING DATES SUBJECT TO CHANGE, TO VERIFY CALL: 520-432-9200

THE LOCAL GOVERNING BODY WILL RECOMMEND TO THE STATE LIQUOR BOARD WHETHER THE BOARD SHOULD GRANT OR DENY THE LICENSE. THE

STATE LIQUOR BOARD MAY HOLD A HEARING TO CONSIDER THE RECOMMENDATION OF THE LOCAL GOVERNING BODY. ANY PERSON RESIDING OR OWNING OR LEASING PROPERTY WITHIN A ONE-MILE RADIUS MAY CONTACT THE STATE LIQUOR BOARD IN WRITING TO REGISTER AS A PROTESTER. TO REQUEST INFORMATION REGARDING PROCEDURES BEFORE THE BOARD AND NOTICE OF ANY BOARD HEARINGS REGARDING THIS APPLICATION, CONTACT THE **STATE LIQUOR BOARD:** 800 W. WASHINGTON, 5TH FLOOR, PHOENIX, AZ. 85007 (602) 542-9789

INDIVIDUALS REQUIRING ADA ACCOMMODATIONS CALL - LOCAL GOVERNING BODY:

STATE LIQUOR DEPT: (602) 542-9789

POST ONE COPY OF THE APPLICATION FORM BELOW THIS NOTICE.

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

For internal use only:

- ☐ Restaurant/Hotel-Motel
☐ Club/Government
☐ Transfer of Premises

APPLICANT INFORMATION

Applicant Name: Renee Melissa Lewis Address: 1092 W. Highland Rd
Business Name: Double R Guest Ranch City/Zip: Pearce, AZ 85625
Liquor License #: 12023193 Parcel #: 117-01-011A
Ownership Type: Limited Liability Company Liquor License ☒ Special Event Liquor License ☐
Partner(s): _____

TO BE COMPLETED BY THE PLANNING & ZONING DEPARTMENT

Please advise if, at the time the application was filed:

1. The premises for which the license is being applied for is within 300 horizontal feet of a church; or
2. The premises for which the license is being applied for is within 300 horizontal feet of a public or private school, or a fenced recreation area adjacent to a school building.

If so, please attach pertinent documentation and drawings or maps.

Comments: Proposed site not within 300 horizontal feet of a church, public or private school, or fenced recreation area adjacent to a school building.

Based on the above information, the Planning and Zoning
Department's recommendation to the Board of Supervisors is:

Approval



Disapproval



OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

Proper Zoning? Y ☒ N ☐

Use permitted by P&Z? Y ☒ N ☐

Date Permit Issued: 1986

If use not permitted, is it LNC? Y ☒ N ☐

Zoning: RU-4

Permit#: SU-86-09 & #6686

Use Permitted: Guest Ranch

Year LNC Established: 1970 - Motel

- ☐ The Planning Department will notify the applicant that if any construction is proposed, a Non-Residential Permit must first be submitted and approved by this Department, or if there is a lapse of 12 months of non-operation of the business, a Non-Residential Permit will be required to re-establish the use from this Department.
- ☐ The Planning Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.
- ☐ The Planning Department is currently working with the property owner on several zoning-related issues with the subject property.
- ☐ The Planning Department is currently working with the property owner on obtaining the proper permits to operate the business.

Name: Dora V Flores

Title: Zoning Administrator

Signature: Dora V Flores

Date: October 2, 2015

Contact phone: 520-803-3967

Email: dflores@cochise.az.gov

Return completed form with any attachments by: 10/6/15

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Renee Melissa Lewis Address: 1092 W. Highland Rd.
Business Name: Double R Guest Ranch City/Zip: Pearce, AZ 85625
Liquor License #: 12023193 Parcel #: 117-01-011A
Ownership Type: Limited Liability Company Liquor License ☒ Special Event Liquor License ☐
Partner(s): _____

TO BE COMPLETED BY THE SHERIFF'S OFFICE

Please advise if:

1. There have been a significant number of incidents at the named location within five (5) years prior to the application.

If so, please attach pertinent documentation.

Comments: There have not been a significant number of incidents at the location within the past 5 years.

Based on the above information, the Sheriff's Office recommendation to the Board of Supervisors is:

Approval

Disapproval

No Recommendation

☐☐☒

Name: Mark P. Genz

Title: Commander

Signature: s/Mark P. Genz

Date: 093015

Contact phone: 432-9506

Email: mgenz@cochise.az.gov

Return completed form with any attachments by: 10/6/15

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Renee Melissa Lewis Address: 1092 W. Highland Rd
Business Name: Double R Guest Ranch City/Zip: Pearce, AZ 85625
Liquor License #: 12023193 Parcel #: 117-01-011A
Ownership Type: Limited Liability Company Liquor License ☒ Special Event Liquor License ☐
Partner(s): _____

TO BE COMPLETED BY THE ENVIRONMENTAL HEALTH DEPARTMENT


We would like to request your assistance in reviewing the attached application.

Please provide any pertinent information for the Board's consideration:

Cochise County Environmental Health has no issues or concerns with the proposed application

OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

- ☒ The Health Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.
☐ The Health Department is currently working with the property owner on health-related issues with the subject property.

Name: Carl Hooper Title: Environmental Health Specialist
Signature:  Date: 9/30/2015
Contact phone: 520 432 9442 Email: chooper@cochise.az.gov

Return completed form with any attachments by: 10/6/15

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Renee Melissa Lewis Address: 1092 W. Highland Rd
Business Name: Double R Guest Ranch City/Zip: Pearce, AZ 85625
Liquor License #: 12023193 Parcel #: 117-01-011A
Ownership Type: Limited Liability Company Liquor License ☐ Special Event Liquor License ☐
Partner(s): _____

TO BE COMPLETED BY THE TREASURER'S OFFICE

Please advise if the property taxes for the parcel in question are current.

xxx ☐ Yes ☐ No

If not, please attach pertinent documentation.

Comments:

The 2014 taxes are paid in full

Name: Kathleen wilson Title: Tax specialist 1
Signature: Kathleen wilson Date: 10/8/2015
Contact phone: 520-432-8404 Email: kwilson@cochise.az.gov

Return completed form with any attachments by: 10/6/15

Regular Board of Supervisors Meeting

Meeting Date: 10/27/2015

Amend the Policy and Procedure for the Public / Private Partnership Program for Cochise County road improvement.

Submitted By: Terry Couchenour, Community Development

Department: Community Development

Presentation: No A/V Presentation

Document Signatures: BOS Signature Required

Division: Highway

Recommendation: Approve

of ORIGINALS 1

Submitted for Signature:

NAME
of PRESENTER: Karen C. Riggs

TITLE
of PRESENTER: Director

Mandated Function?: Not Mandated

Source of Mandate N/A
or Basis for Support?:

Docket Number (If applicable):

Information

Agenda Item Text:

Adopt Resolution 15-25 to amend the policy and procedure for the Public / Private Partnership Program for Cochise County road improvement, as described therein.

Background:

The Public / Private Partnership Program, created in 1994, enables citizens to financially participate to have a road upgraded to a chipseal surface. The current program applies to maintained and non-maintained roads at different contribution rates. However, due to decreasing resources the County can no longer sustain this level of public participation. As a result of two work sessions, it was determined to retain a modified version of the program. An amended PPP Policy and Procedure is enclosed for your review and below is a summary of the revision. Changes for program sustainability: • Remove non-County maintained roads from the program • Increase Application Fee from \$100 to \$200 (to provide Brief Initial Analysis) • Add Board of Supervisor annual review to determine if a proposed PPP project should proceed based on available resources Other changes: • Define that substantial property owner support is a majority • Add that continued maintenance, after project completion, is based on available resources • Add 90 day time limit for applicant to respond to Brief Initial Analysis • Add that a project may be reduced in scope due to exceeding statute monetary limitation • Add that the Applicant may withdraw from the program if (1) a project is postponed to a subsequent BOS annual review, or (2) a project is reduced in scope due to exceeding statute monetary limitation

Department's Next Steps (if approved):

Upon recording of the resolution authorizing the program amendment, no further action needed. The department will process PPP requests pursuant to the amended criteria.

Impact of NOT Approving/Alternatives:

If the amendment is not approved, the program will remain in its current form, unsustainable.

To BOS Staff: Document Disposition/Follow-Up:

Please enter the resolution number on the policy and procedure in two (2) places. Please enter the adoption date on the policy and procedure in one (1) place. Please record the resolution with the policy and procedure attached as one (1) document. Please return a copy of the recorded documents to H&F, attn: Rorri Perez.

Budget Information

Information about available funds

Budgeted: ☐

Funds Available: ☒

Amount Available: N/A

Unbudgeted: ☐

Funds NOT Available: ☐

Amendment: ☐

Account Code(s) for Available Funds

1: N/A

Fund Transfers

Fiscal Year: N/A

One-time Fixed Costs? (\$\$\$): N/A

Ongoing Costs? (\$\$\$): N/A

County Match Required? (\$\$\$): N/A

A-87 Overhead Amt? (Co. Cost Allocation \$\$\$): N/A

Source of Funding?: N/A

Fiscal Impact & Funding Sources (if known):

N/A, no fiscal impact

Attachments

Staff Memo for PPP Policy Amendment

Proposed Amended PPP Policy

Proposed Amended PPP Flowchart

Resolution to amend the PPP Policy

Public Notice for PPP Policy Amendment



Cochise County

Community Development

Highway and Floodplain Division

Public Programs...Personal Service
www.cochise.az.gov

MEMORANDUM

Date: October 5, 2015
To: Board of Supervisors
From: Karen Riggs, P.E., Director
Subject: Proposed Amendment to the Public / Private Partnership Program

The Public / Private Partnership Program, created in 1994, enables citizens to financially participate to have a road upgraded to a chipseal surface. The current program applies to maintained and non-maintained roads at different contribution rates. However, due to decreasing resources the County can no longer sustain this level of public participation. As a result of two work sessions, it was determined to retain a modified version of the program. An amended PPP Policy and Procedure is enclosed for your review and below is a summary of the revision.

Changes for program sustainability:

- Remove non-County maintained roads from the program
- Increase Application Fee from \$100 to \$200 (to provide Brief Initial Analysis)
- Add Board of Supervisor annual review to determine if a proposed PPP project should proceed based on available resources

Other changes:

- Define that substantial property owner support is a majority
- Add that continued maintenance, after project completion, is based on available resources
- Add 90 day time limit for applicant to respond to Brief Initial Analysis
- Add that a project may be reduced in scope due to exceeding statute monetary limitation
- Add that the Applicant may withdraw from the program if (1) a project is postponed to a subsequent BOS annual review, or (2) a project is reduced in scope due to exceeding statute monetary limitation

Highway and Floodplain
1415 Melody Lane, Building F
Bisbee, Arizona 85603
520-432-9300
520-432-9337 fax
1-800-752-3745
highway@cochise.az.gov
floodplain@cochise.az.gov

Planning, Zoning and Building Safety
1415 Melody Lane, Building E
Bisbee, Arizona 85603
520-432-9300
520-432-9278 fax
1-877-777-7958
planningandzoning@cochise.az.gov

POLICY AND PROCEDURE FOR THE PUBLIC/PRIVATE PARTNERSHIP PROGRAM FOR COCHISE COUNTY ROAD IMPROVEMENT

Adopted by Resolution 15-__

Adoption Date:

I. PURPOSE

To establish criteria and procedures for the improvement of County Maintained roads through a partnership of public and private resources, consistent with Arizona Revised Statutes §11-251 (4), §28-6701 through 28-6703 and §34-201 (D).

Criteria and procedures were established by the Board of Supervisors per Resolution 94-49, and amended by Resolutions 99-88, 03-07, 03-17, 06-48 and 15-__.

II. GENERAL POLICY STATEMENTS

A. Eligibility for Improvement

1. The entire road project must be a part of the County Maintained Road system.
2. Adequate recorded public right-of-way must exist, or must be provided at no cost to the County.
3. There must be demonstrated substantial support by a majority of adjoining property owners for the proposed road improvements.
4. Total cost for construction of any single project cannot exceed the current monetary limitations noted in A.R.S. §34-201 (D) (project cannot be incrementalized over several years).
5. If more than one road is involved they must all connect.

- B. County participation in this program shall generally be based on availability of resources and then on a “first come-first served” basis. However, the County may advance a project, at its discretion, when the County determines that the project meets an exceptional public need, remedies a significant threat to public safety, substantial additional private funding is available, or allows other scheduled work to be performed more expeditiously or at a savings to the public.

- C. This program is intended to complement, not supplement the County's plan for road improvement projects. It is anticipated that road improvement funds for roads classified as major collectors and minor collectors providing significant public access, will continue to be improved exclusively through the use of public funds. However, if private contributions are available for any such roads, such contributions may allow the improvements planned for these roads to be provided on an expedited basis.
- D. The program is intended to address existing problems which have arisen in connection with developments that were consistent with applicable laws and regulations at the time of development. The program is not intended to relieve present and future developers of their current obligations to provide necessary on-site or off-site improvements which are associated with the development and required under existing law.
- E. All improvements shall be consistent with the applicable County adopted roadway standards for that class of road, and with applicable traffic safety and drainage requirements.
- F. Private participation in this program shall not limit the statutory powers of the elected representatives of the public. If, in the best interest of the public and based on available resources, continued County maintenance of a road requires alteration or termination, the County shall not be bound to a prior level of maintenance performed on a road as a result of this program.
- G. These Criteria and Procedures shall be subject to periodic review and may be amended as necessary to best serve the public interest.

III. FEES and REQUIRED CONTRIBUTION RATES

A. Application Processing Fee

- \$200.00
- Non-refundable
- The Application Processing Fee is applied to staff cost for providing the Brief Initial Analysis and estimated cost range for the project

B. Required Contribution Rates

1. The Applicant shall pay:
 - a. The total cost of materials (which may include and is not limited to, oil emulsions and rock chips).

- b. The total costs of all materials and for all of installation work that is not performed by County employees, in the event that the applicable construction standards require curbs, gutters, asphaltic concrete or other improvements that county employees cannot install.
2. The County shall pay:
 - a. The total cost of staff labor to complete an Engineering Study and to prepare, if necessary, right-of-way conveyance documentation.
 - b. 100% of construction labor and equipment costs.

IV. GENERAL PROCEDURE

- A. At the time that a request is received, the applicant shall be provided with a copy of the Policy & Procedure, together with an application. Completed application, written support of a majority of adjoining property owners, and the Application Processing Fee shall be submitted to the Highway & Floodplain division.
- B. County staff shall provide the applicant with the Brief Initial Analysis and the applicant shall be given 90 days to decide whether to proceed. The Brief Initial Analysis is not an engineering study, but is intended to give the applicant an idea of potential hurdles and anticipated range of the cost of the project and the applicant's share.

Brief Initial Analysis shall include:

- The functional class of the roadway.
 - Right-of-way status and if additional dedication is anticipated (final width may be revised after the Engineering Study is prepared).
 - Potential environmental permits and utility conflicts.
 - Drainage issues.
 - Cost estimate range and estimated applicant's share.
- C. If additional right-of-way dedication is anticipated, the applicant shall be required to have all affected property owner(s) sign Intent to Dedicate documentation.
 - D. Once the applicant has completed any outstanding requirement, County staff shall then add the project to a list of proposed Public/Private Partnership (PPP) Projects for annual review by the Board of Supervisors.

- E. At the time of the Highway and Floodplain annual budget review, the County Engineer shall present the compiled list of proposed PPP Projects and an analysis to the Board.

Proposed project analysis may include as applicable:

- Cost estimate range for the public's share.
- Anticipated ongoing maintenance costs.
- Public use and existing road condition.
- Recommended future projects and/or lane miles that may be cancelled and/or postponed in order to allocate resources for the proposed PPP project.

The Board may, at its sole discretion, consider other funding options for the proposed PPP projects. The Board shall determine to approve, disapprove or postpone a PPP project to the next annual review. Board determination may be based on availability of resources.

- F. The County Engineer shall advise the applicant of the decision of the Board. If the project is postponed to the next annual review the applicant shall have the right to withdraw from the project.
- G. If the project is approved by the Board, County staff shall then prepare and provide the applicant with the Engineering Study. If the applicant is unable to complete the private requirements of the Engineering Study within 1 year, the County may withdraw from the project or update the Engineering Study based on revised costs.

The Engineering Study shall:

- Specify the scale and type of improvements based on the functional classification and drainage standards noted in the Cochise County Road Design and Construction Standards and Specifications for Public Improvement.
- Contain a total cost estimate and the applicant's cost share thereof. The total cost estimate shall include all staff, equipment and materials for the project, including engineering and overhead and any necessary environmental permits.
- Specify the right-of-way to be dedicated at no cost to the County.

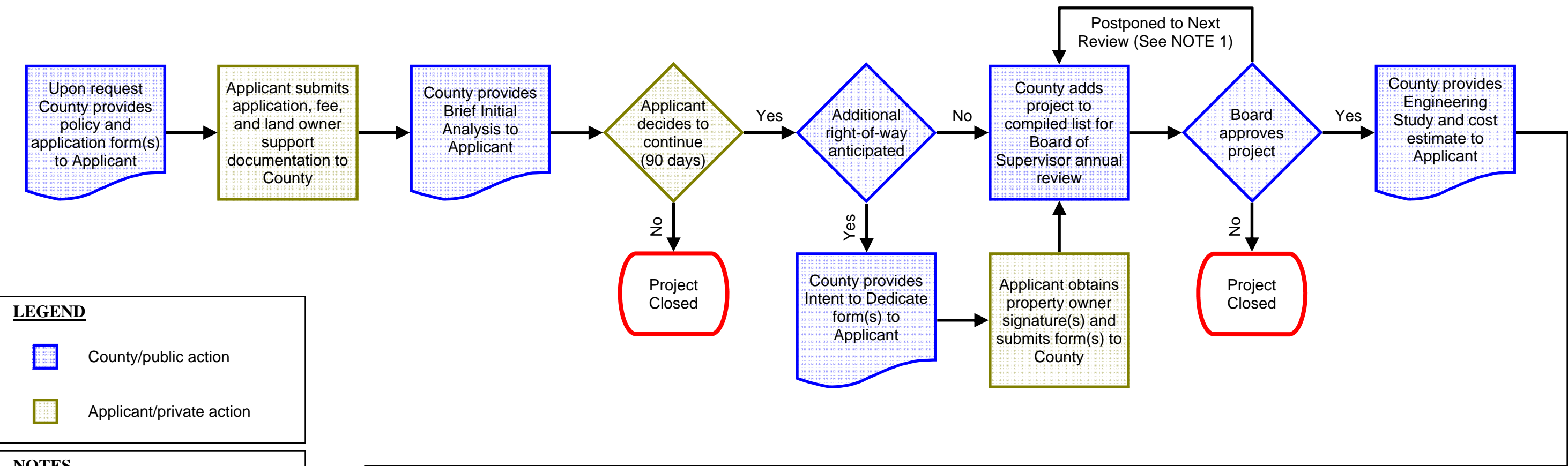
- H. If right-of-way dedication is required, the applicant shall coordinate with County staff to prepare Deed(s) of Dedication. County staff shall survey, if necessary, and prepare legal descriptions and dedication forms. The applicant shall be responsible for obtaining property owner signature(s).

- I. Upon payment of the applicant's required private contribution and completion of the right-of-way requirements, the County Engineer shall initiate any required Board of Supervisor proceedings, including a process to establish the roadway as a "County Highway" and/or amend the adopted annual work plan, as may be necessary to pursue the planned construction.

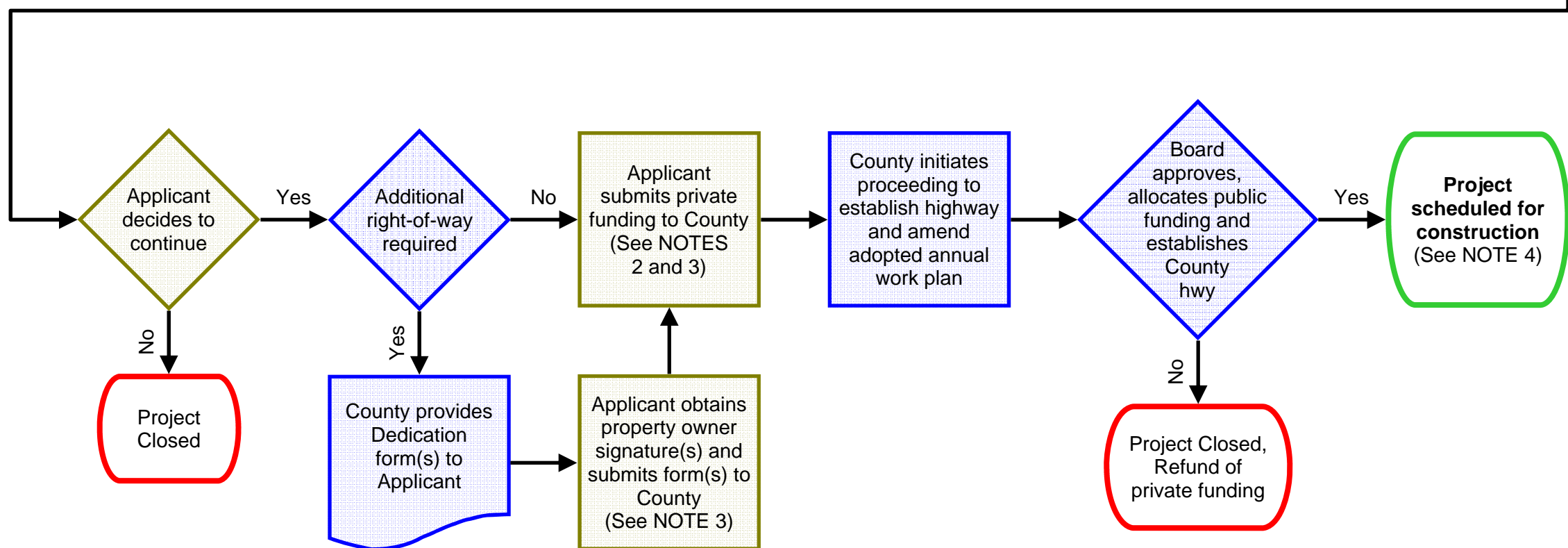
The funds shall be maintained in a fund line, to be used only for the construction work identified in the respective Engineering Study. The funds shall not be used for any other County projects.

- J. Unforeseen circumstances may cause the cost of the project to exceed the Engineering Study cost estimate.
 1. In the event that the project costs exceed monetary limitations noted in A.R.S. §34-201 (D), the project may be reduced in scope or terminated. The applicant shall have the right to withdraw from the project and shall have a right to a refund of the private contribution, less the value of actual improvements provided as of the date of refund demand.
 2. In the event that the project costs exceed the Engineering Study estimate by more than twenty-five percent (25%), the County Engineer shall require additional funds from the applicant to cover applicable costs. The applicant shall have the right to withdraw from the project and shall have a right to a refund of the private contribution, less the value of actual improvements provided as of the date of refund demand.
- K. The County Engineer shall make a reasonable effort to complete the project within 3 years of the date of payment of the private contribution. However, in the event that a lack of resources or other compelling circumstances, such as the need to obtain a 404 Permit or other State/Federal permit, will prevent the work from being completed within 3 years, the applicant shall be notified. The applicant shall have the right to withdraw from the project and shall have a right to a refund of the private contribution, less the value of actual improvements provided as of the date of refund demand.

Public/Private Partnership for Cochise County Road Improvement



- NOTES**
1. If Board postpones project to next annual review, Applicant may terminate project.
 2. Amount of private funding defined by Engineering Study.
 3. If Applicant is unable to complete requirements within 1 year of Engineering Study, County may terminate project OR update Engineering Study based on revised costs.
 4. If project exceeds Engineering Study cost by 25% OR project is not constructed within 3 years of date of receipt of private funding, Applicant may terminate project and request refund of private funding minus improvements provided as of date of refund request.



RESOLUTION 15-__

TO AMEND THE POLICY AND PROCEDURE FOR THE PUBLIC/PRIVATE PARTNERSHIP PROGRAM FOR COCHISE COUNTY ROAD IMPROVEMENT

WHEREAS, the Board of Supervisors is authorized to lay out, maintain, control and manage public roads within its jurisdiction pursuant to A.R.S. § 11-251 (4); and

WHEREAS, there are roadways used by the public that have primitive surfacing or design, these primarily being roads constructed prior to the adoption of modern engineering standards or roads constructed prior to development regulations; and

WHEREAS, the County does not have sufficient financial resources to improve all roadways used by the public at its present level of funding; and

WHEREAS, the primary users of certain public roads can and will financially contribute to the improvement of roads within their area; and

WHEREAS, it is in the best interests of the public and general welfare that available financial resources be maximized by a public and private sharing of the cost of road improvement, resulting in a greater number of roads being improved with the limited resources available, and

WHEREAS, the current Public/Private Partnership Program For Cochise County Road Improvement, as designated by Resolution 94-49, amended by Resolutions 99-88, 03-07, 03-17 and 06-48, have served well, but additional modifications are now appropriate; and

WHEREAS, pursuant to A.R.S. § 11-251.08 notice of these amendments has been properly advertised.

RESOLUTION 15-__

**Re: To Amend The Policy And Procedure For The Public/Private Partnership
Program For Cochise County Road Improvement**

Page | 2

NOW THEREFORE, IT IS RESOLVED, that the attached “Policy And Procedure For Public/Private Partnership For Cochise County Road Improvement” is hereby adopted and the criteria, policy and procedure established by previous resolutions are hereby amended in accordance with this resolution.

IT IS FINALLY RESOLVED that Resolution 06-48 is hereby rescinded.

PASSED AND ADOPTED by the Board of Supervisors of Cochise County, Arizona, this ____ day of _____, 2015.

Patrick Call, Chairman
Cochise County Board of Supervisors

ATTEST:

APPROVED AS TO FORM:

Arlethe Rios,
Clerk of the Board

Britt Hanson

Britt W. Hanson,
Chief Civil Deputy County Attorney

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Adopted by Resolution 15-__

Adoption Date:

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 1. In the event that the project costs exceed monetary limitations noted in A.R.S. §34-201 (D), the project may be reduced in scope or terminated. The applicant shall have the right to withdraw from the project and shall have a right to a refund of the private contribution, less the value of actual improvements provided as of the date of refund demand.
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NOTICE OF PUBLIC HEARING

REVISING THE COUNTY POLICY AND PROCEDURE FOR PUBLIC/PRIVATE PARTNERSHIP FOR COCHISE COUNTY ROAD IMPROVEMENT

The Board of Supervisors of Cochise County, Arizona, is reviewing suggested revisions to the Policy and Procedure for Public/Private Partnership for Cochise County Road Improvement. As suggested by the Highway and Floodplain Division, amendments include:

- Remove non-County maintained roads from the program
- Define that substantial property owner support is a majority
- Add that continued maintenance, after project completion, is based on available resources
- Increase Application Fee from \$100 to \$200 (to provide Brief Initial Analysis)
- Shift cost of drainage structures from the applicant to the County
- Add 90 day time limit for applicant to respond to Brief Initial Analysis
- Add Board of Supervisor annual review to determine if a proposed PPP project should proceed
- Add that a project may be reduced in scope due to exceeding statute monetary limitation
- Add that the Applicant may withdraw from the program if (1) a project is postponed to a subsequent BOS annual review, or (2) a project is reduced in scope due to exceeding statute monetary limitation

Notice is hereby given that Tuesday, October 27, 2015 at the hour of 10:00 a.m., at the Office of the Board of Supervisors in Building G, 1415 W. Melody Lane, Bisbee, Arizona, is hereby set as the time and place for Hearing on said amendments, and all persons wishing to object to the amendments are directed to file with the Board, a statement in writing setting forth any objections, or opposition and to show cause why said amendments should not be granted; and

That notice of said hearing be published in the Arizona Range News at least fifteen (15) days prior to the date of said hearing.

Action 9.
Board of Supervisors

Regular Board of Supervisors Meeting

Meeting Date: 10/27/2015

Amendment to IGA with Sierra Vista Regarding Funding of a Consultant to Promote Retention and Expansion of Missions of the U.S. Army at Fort Huachuca

Submitted By: Britt Hanson, County Attorney

Department: County Attorney

Presentation: No A/V Presentation

Document Signatures: BOS Signature Required

Recommendation: Approve

of ORIGINALS Submitted for Signature: 2

NAME of PRESENTER: Jim Vlahovic

TITLE of PRESENTER: County Administrator

Mandated Function?: Not Mandated

Source of Mandate or Basis for Support?:

Docket Number (If applicable):

Information

Agenda Item Text:

Approve Amendment A to the Intergovernmental Agreement (IGA) with the City of Sierra Vista regarding funding of a consultant to promote retention and expansion of missions of the U.S. Army at Fort Huachuca.

Background:

In January, 2014, the County entered into an IGA with the City of Sierra Vista to contribute one-third of the funding to retain a consultant to promote the retention and expansion of the missions of the U.S. Army at Ft. Huachuca. The IGA called for the County to contribute \$2,778/month, for an annual contribution of \$33,336, with the City and the Huachuca 50 as the other two contributors. Over time, the cost of retaining a consultant changed, due in part to lack of a consultant from time to time, and in part due to lower costs. In recent discussions with the City, the annual cost of the County's one-third contribution has been estimated at \$35,000 per year. Accordingly, the parties have drafted Amendment A to the IGA to reflect that change. In addition, the Amendment contains flexible language capping the County's contribution at \$35,000, so that if the annual expenditure is actually less, there will be no need for the parties to bring an additional amendment to the Board and Council for approval. Amendment A is attached to this agenda item.

Department's Next Steps (if approved):

Pay invoices received from the City of Sierra Vista

Impact of NOT Approving/Alternatives:

The ability to retain a consultant to help with retention and expansion of the Fort Huachuca mission would be diminished

To BOS Staff: Document Disposition/Follow-Up:

Have the Chair sign two copies of the IGA. Send them to Mary Jacobs at the City to obtain the Council's approval and the signature of the Mayor, with one final original back to the Board.

Budget Information

Information about available funds

Budgeted: ☒

Funds Available: ☒

Amount Available: \$35,000

Unbudgeted: ☐

Funds NOT Available: ☐

Amendment: ☐

Account Code(s) for Available Funds

1: 100-1400-421.850
2: N/A
3: N/A
4: N/A

Fund Transfers

Fiscal Year: 2015-16

One-time Fixed Costs? (\$\$\$): N/A

Ongoing Costs? (\$\$\$): \$35,000/year

County Match Required? (\$\$\$): N/A

A-87 Overhead Amt? (Co. Cost Allocation \$\$\$): N/A

Source of Funding?: 100-1400-421.850

Fiscal Impact & Funding Sources (if known):

\$35,000 from 100-1400-421.850

Attachments

Amendment to IGA

**Amendment A to the Intergovernmental Agreement between the
City of Sierra Vista and Cochise County Regarding Funding of a Consultant to
Promote Retention and Expansion of Missions of the U.S. Army at Fort Huachuca**

Replace Section II, Respective Responsibilities of the Parties, in its entirety and replace with the following:

A. The City shall make such arrangements as it deems necessary, which may include contractual arrangements with private parties, and shall make appropriate contributions of public funds to facilitate the hiring and funding of a consultant to promote retention and expansion of missions of the U.S. Army at Fort Huachuca.

B. The County agrees to provide up to \$35,000 annually, for the life of this agreement, toward the cost of the professional services of a consultant as described in Subparagraph II.A above under payment terms agreed upon by the County Administrator and City Manager, provided such contribution is no more than one-third of the total cost of said services.

Amend Section III, Duration, as follows:

This Agreement shall take effect on the date it is entered into below. It shall remain in effect, unless terminated by the parties pursuant to Paragraph VI. This Agreement is subject to automatic renewal for successive six-month periods thereafter for a total period of up to five years, unless terminated by either party on thirty (30) days' written notice. Amendment A to the agreement shall be effective retroactive to December 1, 2014.

APPROVED:

COUNTY OF COCHISE

CITY OF SIERRA VISTA

Pat Call
Chair, Board of Supervisors

Frederick W. Mueller
Mayor

ATTEST:

By: _____
Arlethe Rios
Clerk of the Board

By: _____
Jill Adams
City Clerk

**APPROVED AS TO FORM AND WITHIN THE POWER AND AUTHORITY GRANTED
BY THE LAWS OF THE STATE OF ARIZONA TO THE CONTRACTING AGENCIES:**

**APPROVED:
COUNTY OF COCHISE**

**APPROVED:
CITY OF SIERRA VISTA**

By: _____
Britt Hanson, Chief Civil Deputy
Cochise County Attorney

By: _____
Nathan Williams, City Attorney

Board of Supervisors

Regular Board of Supervisors Meeting

Meeting Date: 10/27/2015

Elect Chairman of the Board of Supervisors

Submitted By: Arlethe Rios, Board of Supervisors

Department: Board of Supervisors

Presentation: No A/V Presentation

Document Signatures:

Recommendation:

of ORIGINALS

Submitted for Signature:

NAME n/a

TITLE n/a

of PRESENTER:

of PRESENTER:

Mandated Function?:

Source of Mandate
or Basis for Support?:

Information

Agenda Item Text:

Elect _____ as Chairman of the Board of Supervisors, effective November 1, 2015.

Background:

The current Chairman was elected by the Board to serve as Chairman, effective 6/24/14. The Board wishes to share the responsibility for Chairmanship and therefore rotates assignment to that seat periodically.

Department's Next Steps (if approved):

Notify Finance for new signature plate on County warrants; notify departments, other counties, CSA, AACO and NACo of change in Chairmanship.

Impact of NOT Approving/Alternatives:

Current Chairman will remain in place until another is elected.

To BOS Staff: Document Disposition/Follow-Up:

See Dept's next steps, above.

Budget Information

*Information about available funds*Budgeted: ☐Funds Available: ☐

Amount Available:

Unbudgeted: ☐Funds NOT Available: ☐Amendment: ☐

Account Code(s) for Available Funds

1:

Fund Transfers

Attachments

No file(s) attached.

Board of Supervisors

Regular Board of Supervisors Meeting

Meeting Date: 10/27/2015

Elect Vice-Chairman of the Board of Supervisors

Submitted By: Arlethe Rios, Board of Supervisors

Department: Board of Supervisors

Presentation: No A/V Presentation

Document Signatures:

Recommendation:

of ORIGINALS

Submitted for Signature:

NAME n/a

TITLE n/a

of PRESENTER:

of PRESENTER:

Mandated Function?:

Source of Mandate
or Basis for Support?:

Information

Agenda Item Text:

Elect _____ as Vice-Chairman to the Board of Supervisors, effective November 1, 2015.

Background:

The current Vice-Chairman was elected by the Board to serve as Vice-Chair, effective 6/24/14. The Board wishes to share the responsibility for Vice-Chairmanship and therefore rotates assignment to that seat periodically.

Department's Next Steps (if approved):

Notify departments, other counties, CSA, AACO and NACo of change in Vice-Chairmanship.

Impact of NOT Approving/Alternatives:

Current Vice-Chair will remain until another is elected.

To BOS Staff: Document Disposition/Follow-Up:

See Dept's next steps, above.

Budget Information

Information about available funds

Budgeted: ☐

Funds Available: ☐

Amount Available:

Unbudgeted: ☐

Funds NOT Available: ☐

Amendment: ☐

Account Code(s) for Available Funds

1:

Fund Transfers

Attachments

No file(s) attached.